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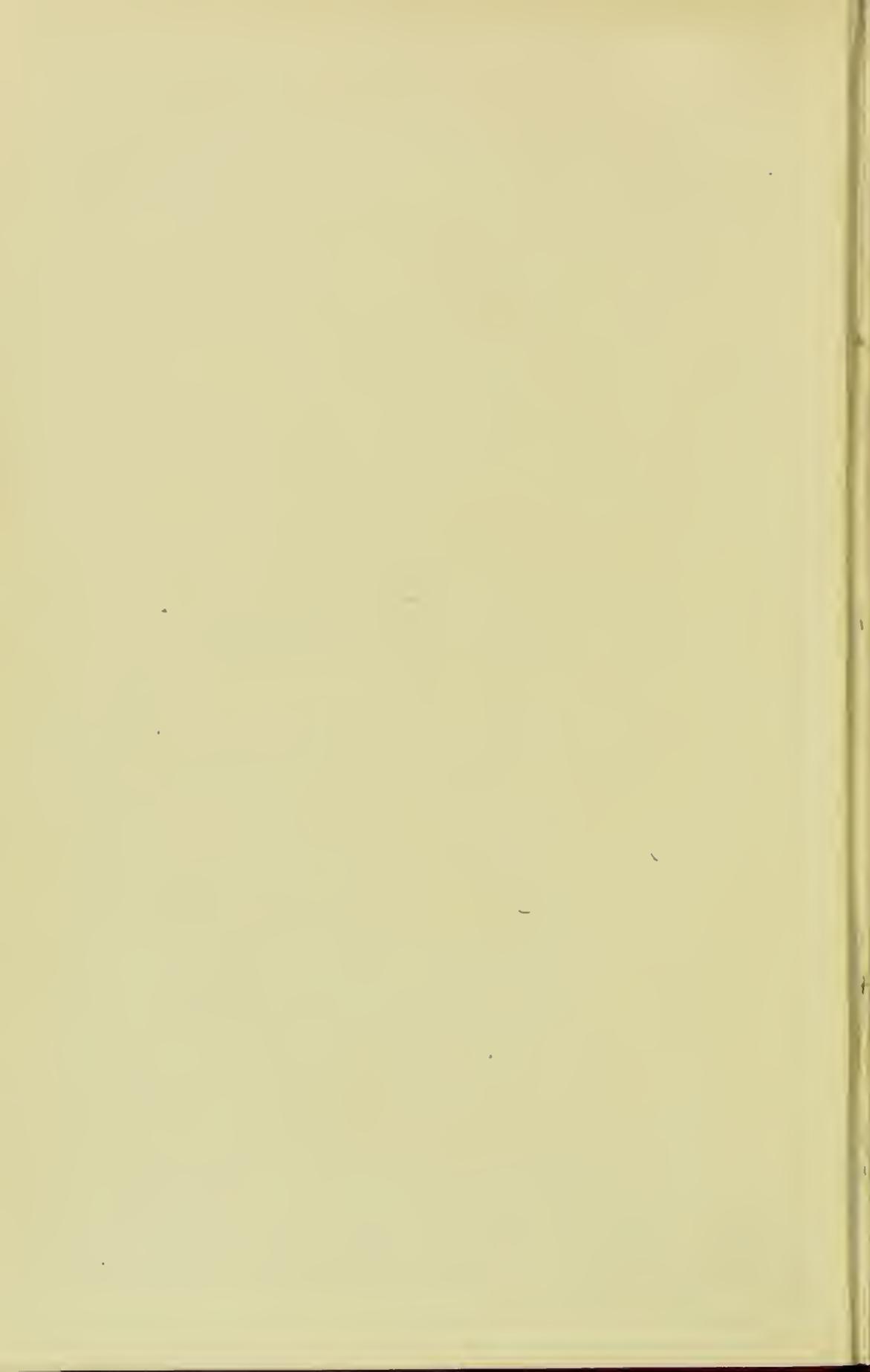


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PLEA FOR A SIMPLER LIFE

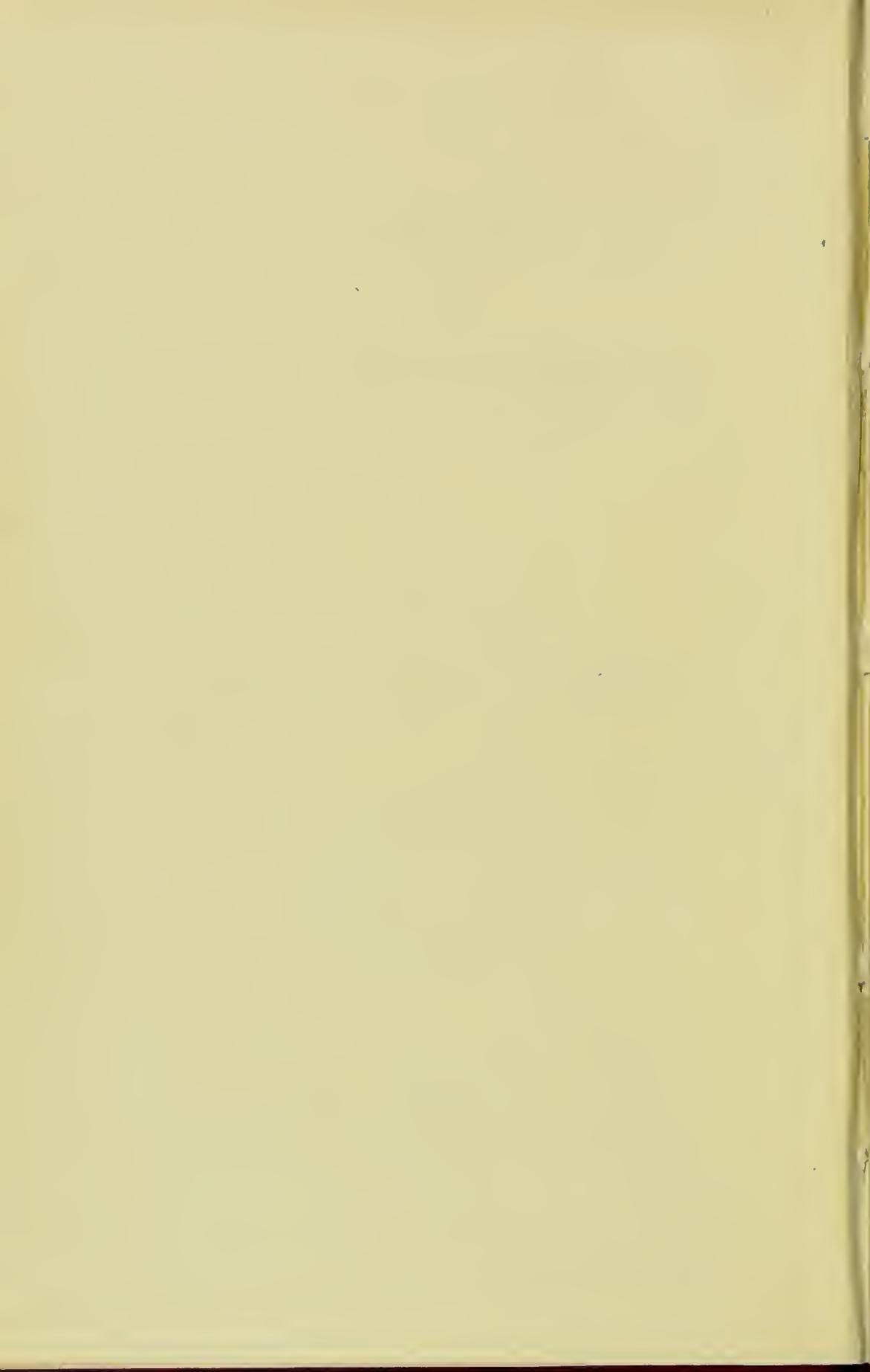


PLEA
FOR
A SIMPLER LIFE

BY
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LONDON
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PREFACE

IN the following pages I have made statements reflecting on the teaching and practice of medicine at the present day, and to these I must adhere. I do not, however, call in question the good faith either of the teachers or of the practitioners. The former teach what they have been taught and believe to be true; the latter naturally follow their teachers. Nor do I call in question the value of much that is taught, and of much that is done by the bedside, and in the laboratory, or by those who ransack all nature's products in air, land, and water to discover means by which human suffering may be alleviated. The value of even a discovered

truth may lie for a long time unknown, till some further discovery brings it into notice and use. True seekers after truth always have their reward, though it may be delayed ; but somehow in this world things get occasionally into a rut from which extrication is difficult. There is an inertia in the mind as well as in physics, and it may require a strong force to overcome it.

What I have proposed to myself in the following pages is to point out some of the evils that have arisen from opposite lines of thought which have much affected the practice of medicine during this century.

The change from a severe system of treating disease by depletion in all its modes came in with a great social change, especially as regards the upbringing of the young. In my young days this was rather trying. Home discipline, as well as that in the schools, was harsh, even with the upper classes. The

boy must do as he was bid without delay and without protest, or it was the worse for him. What are now necessities were then luxuries. Pleasure for its own sake was at a discount. In Scotland, at least, the extreme doctrines of Calvin held sway, and a severe sway it was. Reaction came at last, and along with other changes came that of the treatment of disease, first by modifying the old methods, and very soon by adopting others at the opposite pole. The change fell in with the spirit of the times, and, I fear, goes with it still. The difficulty of modifying it may therefore be great; and my efforts in that direction may avail little. But I have said what I have long wished to say. If any good follows I shall be rewarded; and if not, I shall at least enjoy an easier mind.

I have been subjected to so much opposition in my daily life and work that more

public criticism can touch me but little. My feeling on this is pretty well expressed in a somewhat defiant family motto which may be seen on the entrance hall of Marischal College, Aberdeen : 'Thay haif said: Quhat say thay: Lat thame say.'

G. S. K.

MOIDART COTTAGE, CURRIE,

July 1895.

CHAPTER I

THE simpler life for which I plead in the following pages is very different from that usually recommended by the profession, and followed when possible by the public. I am thus called upon to give some reasons which have led me to adopt it for myself, and for those who have come under my care, and were willing to follow my guidance for themselves and their families. I must also show how, from circumstances, I have had special advantages which have given me an open mind in considering various important questions, while most of the medical men of the day, especially the younger men, have more or less implicitly followed the teach-

ing of the schools without doubt or hesitation.

It is easier for most men to be guided by authority than to think for themselves. There is much more free-thinking outside the profession than within it. In the profession I have had but few followers, although these are by no means wanting. With outsiders I have been much more fortunate. For thirty-five years I had more clients than I could do justice to without assistance, and many of them were of first-class ability and position. It is with some hope that this little volume may reach some, both in the profession and out of it, who would adopt a better system if they but knew it, that I offer it to the public. I have frequently been asked by professional and other friends to publish my views, but from various reasons which I need not mention I have hitherto refrained from doing so. The delay has at least given me abundant time to reconsider them, and, after being for fifteen years

in a great measure outside the profession, I feel less inclined to modify them than ever.

I have long been convinced that the present system of medical teaching and practice is wrong. As to the former, it is so complex and multiform that the most industrious and capable student has to load his memory with a mass of 'notions' which he soon finds are for all practical purposes useless, and which he soon forgets, most of them never to be recalled, or, if wanted, to be found at any time in a few books of reference. Each professor, of course, on the 'nothing-like-leather' principle, thinks his own branch the most important. In this respect the teaching of medicine has got much worse in recent years, and seems to be still on the down grade. But for the plan of consecutive examinations, which allows the student to confine his attention to a limited number of subjects at one time, the present system would certainly break down.

As to the main principles which guide the

Practice of the day, they differ *toto cœlo* from those taught sixty years ago when I began my medical studies. Most of the common diseases were then ascribed to overaction of some sort, and the remedies were bleeding, vomiting, purging, sweating, etc.; in short, depletion was the order of the day. I still retain my silver lancet case given me by a ‘grateful patient’ in 1845. About this time the tide turned, and I wonder how many physicians carry a lancet case now! The change came quickly, very much from the teaching of an eminent and popular physician in London, who taught that disease as a general rule depended on a weakened action of the functions, and required ‘setting up’; the means being stimulating and tonic medicines, and plenty of good food and drink.¹ A history of the transition from the one method to the other would be very instructive, but on this I

¹ It is instructive to note that the physician alluded to died comparatively young from disease of the liver.

cannot enter. Some excuse was necessary to explain the change. This was found in a supposed alteration in the human body, which rendered it less able to bear lowering measures than formerly. My friend, Dr. J. Hughes Bennett, was a strong exponent of this idea, but I and others never could see it.¹

The new system of treatment reached its full maturity in a very short period, passing from one extreme to the other, with little or no resting at any intermediate point. The question naturally occurs—Are we to have a backward movement to the old depletory practice, or are we to have a forward rush sooner or later, it may be to a better, it may be to a worse fashion of the day? Or may we hope for a reaction from the extreme doctrines of to-day which may happily come to a stop before it reaches the opposite extreme? And here also the old adage may

¹ Dr. Bennett did much good work in Edinburgh; I will only mention the introduction of the use of cod-liver oil in phthisis.

be found good, *medio tutissimus ibis.* It is to the realisation of this last idea that I would fain lend a helping hand; and there are some advantages that have accrued to me in the course of my long observation of medical science and practice which may help me in the task.

I began my medical studies in 1836 and took my degree of M.D. in 1841. I have been a Fellow of the Edinburgh College of Physicians since 1845, and now there are but two members senior to me.

I was one of the last of the Edinburgh apprentices, one of several. Our master took much pains with us, gave us much practical aid, and long before I was an M.D. I had seen and attended large numbers of sick as a dispensary pupil. This enabled me to derive real benefit from a full course of attendance at the Edinburgh Infirmary. Owing to the illness of my father there, I spent most of the winter of 1839-40 in Pesth. There I attended closely the

clinique of Professor Schoepf Merei, director of one of the three hospitals for children then in existence, and editor of the only Hungarian medical journal. I spent the winter of 1841-42 in the hospitals of Paris, and the classes of the École de Médecine. After this I was assistant to Professor, afterwards Sir James, Simpson, who was then at the commencement of his brilliant career. This occupied me very fully for a year. I then went to Rome for a season, intending to practice there for a time, but owing to the prevalence of homeopathic ideas which I could not adopt, I had no encouragement to return. In the wards of the Santo Spirito Hospital I witnessed the ‘Hippocratic succussion,’ the only physical diagnosis I saw practised there, though now it is very different. The rest of the year I spent travelling in the East, mostly in Palestine and Syria, where our dragoman, who had never been with a real ‘hakim’ before, kept me rather too fully occupied with a

varied *clientèle*, from Turkish pashas and Arab sheiks down to the poorest inhabitants of the country in their tents or more wretched villages. In 1845 Professor Simpson asked me to join him as colleague. After five years I left him and continued to practise in Edinburgh till 1880.

From the above short history it will be seen that early in my professional life I had a varied experience of the different modes of treating disease at different schools and in different parts of the world. There was but little scientific treatment in those days ; it was mostly empirical, and the remedies were comparatively few. Bleeding was in full swing in Edinburgh in the Thirties, and in 1842 Bouillaud was still carrying out his plan of venesection *coup sur coup*, which was perhaps the greatest extreme to which depletion was ever carried.

But there were signs of change. Majendie in Paris, and Sir John Forbes in London, had come to the conclusion that

strong measures were of no use in such severe diseases as pneumonia, and found that the patients did quite as well when simply kept in bed and let alone. On the other hand, Hahnemann and his followers were trying to prove that infinitesimal doses of medicine had stronger effects on the system than the large doses hitherto employed. The Rev. Dr. Stewart of Erskine greatly changed the treatment of consumption by stopping the plan of depletion and starving, and putting his patients on a more generous diet. Amongst others he cured a daughter of Lord Blantyre, who afterwards became his wife and the mother of my worthy old friend, the late well-known Dr. P. Stewart of London.

A good specimen of the mode of treating chest cases in those days, and one which naturally impressed me most, was the case of my father, a very powerful man of forty-four years of age, who in the year 1834 was

treated for a smart attack of pneumonia or pleuro-pneumonia. He was well bled, blistered, and generally depleted. On recovering he went to Deeside for change of air, and was almost restored to health when, from his bedroom window being accidentally left open, he caught cold. He consulted the two then most famous physicians in Aberdeen, father and son, who told him he was threatened with consumption ; ulcers of the lungs were mentioned, I remember. He was ordered to go home, keep in two rooms at a temperature of 60° during the winter which was then approaching, put on a most restricted diet, and for a time to have blood taken from his chest by cupping twice a week. After six months of this treatment, as may be imagined, he was reduced to so low a condition that his friends who saw him off in the early summer for a change of air never expected to see him again. But with the change of air and the stoppage of all treatment he very soon rallied ; and though more

or less an invalid for the rest of his days, and never able to resume regular work, he lived till the good age of eighty-nine, and he never to my knowledge showed any sign of lung disease whatever. He was, in fact, till treated in the above fashion a very healthy and powerful man of 6 feet 2 inches. His ordinary walk was at the rate of 5 miles an hour, and this he had on occasion kept up for 70 miles ; and his lungs were remarkably large and healthy.

From my varied medical education and experience it need not be wondered at that I gradually lost faith in the ordinary medical dogmas of the day, and especially in the depleting and drugging system as then practised and considered orthodox. I had a strong conviction that homeopathy—however wrong in its own dogmas—would at least show the absurdity of the orthodox system of drugging. The doses were then really infinitesimal, and they were coming to be used by non-professionals, especially by

ladies, many of whom had their book and their box of globules and tinctures, and treated not only their own families but all others who would consult them; some who had done this for years have told me it was no use to say there was nothing in homeopathy, for the change in the health of their families had been most manifestly better since adopting it; and among them were women far above the average in power of observation and common sense. I had no doubt whatever of the good faith of those ladies, many of whom were personal friends and relatives; and to me the only possible way of accounting for the phenomena was that the benefit derived was not from the infinitesimals, but from the absolute withdrawal of all drugs whatever, and from greater attention to simple methods.

One of my most intelligent lady friends, wife of a Highland chieftain, treated her own family and those of most or all her tenants with great success for a period of four years.

She told me that she then came to the conclusion that the benefit was entirely negative, so far as drugs were concerned; and she found that the same common complaints did just as well without any medicine at all. By and by, from whatever reason, the professional homeopaths began to use powerful remedies, but in very small bulk, and now it is by no means safe for everybody to use these remedies; and, so far as I understand, the book and box have fallen more or less into disuse. Certainly, the effect I had hoped for has not arrived, and drugs are now much more numerous and much more used than ever.

I was further induced to look with distrust on the plan of perpetual and varied drugging by noticing the practice of some of the most eminent of the older practitioners of the time, who used very few and very simple remedies. I need only mention Dr. Abercrombie and Mr. Syme, both of Edinburgh. The former, who was a great friend of my father, was

very kind to me as a student, but I only met him once in consultation. The patient was an old lady in George Square, Edinburgh; she was suffering from a smart feverish attack, and the doctor was much pleased to find that she was getting no medicine, and for food only a small quantity of milk and lime-water, a very favourite prescription with him. Mr. Syme used to say that doctors were of no use, and that if anything was really wrong they must come to the surgeons. Certainly, I never heard of him giving beyond a small dose of rhubarb and soda, unless it was minute doses of bichloride of mercury, and this with the view of eliminating from the system other forms of mercury, for which he always had a great dislike. He was himself a very abstemious liver. He gave excellent dinners to small parties of eight or ten, at which I often ‘assisted,’ and they were the pleasantest I ever knew. But he was heard to say that after soup and fish he considered he had dined, and anything

further he only played with. He enjoyed, however, a glass of good sherry, and to this, probably, were owing the attacks of gout to which late in life he was liable.

There were other old physicians and surgeons who were by no means so sparing in their use of drugs, and from whom I got practical lessons in an opposite direction. Two cases which I saw with Professor Alison made a lasting impression on me. One was that of a poor old woman whom I was asked to see, as Dr. Alison, who was one of the kindest of men and had been visiting her regularly, was laid up with illness. She was suffering very much from a collection of biliary calculi in the gall-bladder, and was reduced to the utmost degree of emaciation. She had been treated very actively, especially with strong mercurial remedies, but with no good result; and to keep up her strength she was getting all the little luxuries in meat and drink that could be thought of by the wife of the Rev. Dr. Hunter of the Tron Church,

who asked me to see her. The case seemed hopeless, the day of removing such calculi by the knife not having yet arrived ; but, in the hope of an easier death for the poor woman, I stopped all treatment and put her on small quantities of milk and lime-water. The effect was wonderful, and she was making great progress to at least a temporary recovery, when the worthy professor again took her in charge. The old remedies were resumed, and the old suffering was soon ended by death.

The other case I saw along with Professor Simpson. It was that of a child from the country with serious head symptoms. There was a doubt whether they were from an organic or from a merely functional cause. Professor Alison decided that it was safest to take the serious view of the case, and he recommended very active measures. After he left, and after some further consideration, Simpson decided for the simple view ; the child got the benefit of the doubt, and soon

was quite well without any active treatment whatever.

My own personal experience gave me also a dislike to drugs from a child. I was considered the weakly one of the family, and therefore was the most dosed. Calomel was in fashion, and the day after getting some grains of this I suffered so horribly that I resolved, if I ever should be a doctor, I never would give a child a dose of it; and I never have.

But the medicines then used were all nauseous, and no doubt this in a great measure prevented their use to the same extent as now, when they are made up (as a general rule) so as to cause no immediate disgust. Pills were only coming into use. The most common was Dr. Gregory's or colocynth pill, easily swallowed, but often causing much suffering afterwards. What proved a very favourite 'dinner pill,' the first I remember of a now numerous progeny, was 'Thomson's antibilious pill'; Thomson being the Rev. Dr. Andrew Thomson of St. George's Church,

Edinburgh, one of the most brilliant preachers and debaters of his day. He was a great diner-out, and no doubt his pill helped him to dispose of many a good dinner; but he died of apoplexy when a comparatively young man. His was a simple aloetic pill; Gregory's was aloes and colocynth. The irritating effect of the latter was soon lessened by adding henbane, and the aloes-and-henbane pill became a great favourite. Somewhat later, Sir Charles Bell got much credit for advising that all such pills should be taken after a meal or with a light one, as at tea-time, dinner being then taken at a comparatively early hour, and tea a few hours afterwards. His reason was, that the action is thus so much milder that, as a surgeon, he could recommend aloetic pills without the risk of bringing on haemorrhoids, a common result if aloes be taken on an empty stomach. The amount of ingenuity expended since these days in rendering medicines palatable is something wonderful. Perhaps the amount of

money spent in advertising new medicines, many of them worthless, some of them fortunately innocuous, is more wonderful still.

To complete my own personal experience with drugs. Having involuntarily begun the habit of using aperients (and with no fixed ideas as to food, for I never was taught any), I continued their use as I thought I required them up to the age of thirty-five. I had abundance of hard work, and very little recreation. I no doubt made grave errors in diet, both as to quantity and quality, as I perpetually suffered from so-called bilious attacks, lasting for two or three days. With them I had intense headache, aggravated no doubt by the remains of malarial fever, which I contracted in Syria, where I spent five months of the spring and summer of 1844, living in tent, exposed to all weathers, and sleeping often on the ground with only a rug to lie on. Already I was treating my patients with very little medicine ; and I began to find that instead of doing me good, an aperient gave

me no relief, even temporary; and I quite gave it up. For full forty years I do not remember having once taken an aperient. I still suffered however much as before, and soon resolved to give up work, and to move to some warmer climate, as my attacks usually commenced with a chill, and I found the climate of Edinburgh very trying. Fortunately I wrote of my intention to my old friend, Dr. Merei of Pesth, then a Hungarian exile and settled as a physician in Manchester. He strongly advised me before taking so serious a step to give up butcher's meat, reduce my tea and coffee by a half, and of wine to take only a little light claret to dinner, if I found it to suit me. He had written on the diet proper to different temperaments. He knew that mine was very strongly nervous, and he considered that red-meat diet rendered the blood too irritating for my excitable nerves. I had the sense to act on his advice, and soon found that I was in the right direction; and though I still suffered more or less for many

years, I was able to continue work for twenty-five years longer, and then it was not my stomach that failed me. That is now fifteen years ago. I had still something to learn as to diet, but, with rest and comparative freedom from anxiety, I now enjoy such health as few can boast of after an active and anxious life of more than three-quarters of a century.

I have spoken hitherto of aperient medicines, these being far most commonly used by the profession, and still more by the laity. In England, so far as I can judge, they have been and still are more used than in Scotland. It may not be so much the case now, but when my patients had occasion to consult a first-class London physician, the prescription was almost always an aperient and a tonic, either singly or together. A single mutton chop, lightly cooked, with bread and a glass of sherry for lunch was a very favourite prescription, but this did not necessarily interfere with a moderate but more varied dinner after-

wards. Frequently food was not mentioned, and a worthy old friend of mine, a well-known physician nearer home, used to tell his patients that if at forty they had not learned what was best for their stomachs, he could not help them.

Of the innumerable new remedies that have come into notice in recent years I need say little. Some of them, as the various anaesthetics and antiseptics, are most valuable. They have revolutionised surgery, but have not done very much for medicine. Of the new chemical remedies the number is so great that it is impossible for the ordinary medical man to give them a fair trial, and they add enormously to his already too numerous tools. If they do all that is said of them, nature will have less chance still of showing what she can do without them, and we will have specialists of drugs as well as of diseases. Of the older remedies the ultimate effects on the system are very imperfectly known; some, as sarsaparilla, have been proved to be inert; and of others, as digitalis and alcohol,

the effect has been shown to be the very opposite of what they were supposed to be until a recent period.

It must not be supposed that, while condemning the abuse of medicines, I do not know and acknowledge the real value of some of them, when used in the proper cases, and in the proper manner. Iodide of potassium is an admirable remedy for eliminating some deleterious matters from the body. In syphilitic cases no one doubts its efficiency. I have used it infinitely more frequently in cases where—from overfeeding mostly—the system had got loaded up, and a peculiar sallow look and ill-health indicated some general derangement. In most of those cases aperients and tonics had been used, often for a long period, with the object of helping digestion. There was usually some lowness of spirits, or irritability, or both, and always a want of strength. If the iodide is used in this condition the relief to the patient is often very remarkable, and, if

accompanied and followed by a fitting change of diet, it is usually permanent. But it also may be abused if taken with the view of letting the full diet be continued with more comfort. From sixty to one hundred grains in small doses usually sufficed to give the patient a good start, but in one perhaps unique case a middle-aged lady took close on ten thousand grains in the course of five years. For all the warnings I gave her she would not give up her Bass and her beef; her excuse being, that without these she could not do her duty to an old lady she looked after, and who certainly was rather exacting; and she could not take them comfortably without her medicine. For two years her health was better than before, then it began to fail, and three years later she died. Her general symptoms were those of phthisis, but without the distinctive physical signs.

Another most valuable medicine is quinine, especially for malarial fever; but it too may be used in a wrong way.

Mrs. A. returned from India with fever. I had long been the doctor of her family, but the husband's friends would not hear of the 'starving doctor' being called in. After six months she was no better, but worse, and I was asked to take charge of her. I found her in a wretched condition, extremely weak and emaciated, and having severe attacks of fever every second day. She was encouraged to get out of bed on her free day, but was getting unable to do so. It was a case, if ever any was, for stopping the fever and getting up the strength; but how was this to be done? Quinine, arsenic, and iron had failed, as had wine and all sorts of rich tempting food, but for want of better these were still being pushed. The internal congestion was such that quinine could not keep off the shiver, the first stage of the fever, and it took a long and severe hot stage to restore the balance of the circulation, and this, followed by a drenching perspiration, left the poor lady so exhausted that any attack might have

carried her off. I had now a perfectly free hand. All medicine was stopped, and all stimulants; for food she had the well-tried milk, lime-water, and white of egg, in very small quantity; and she was kept constantly in bed, and mustard poultices freely used. The fever came every second day as before, but after ten or twelve days her condition otherwise was so much improved that I ventured to give the quinine again in full dose. It at once checked the fever, and it did not return. She could soon take a reasonable amount of light food, her strength slowly returned, and in a wonderfully short time she was enjoying very fair health, and returned to India.

How is it that the commoner medicines still hold their place so universally if, as I believe, they are mostly useless, and often injurious? One reason no doubt is that patients have not much patience, and wish for some immediate relief. In some cases, where it is clearly impossible or may be unsafe to give

this relief, a placebo may be of use. I have always had too much respect for my patients and for myself to have recourse to this as an ordinary practice ; but I once got more credit for prescribing a box of bread pills than perhaps I ever got from giving a stronger medicine. Another reason why medicine is still so much used arises from carrying into practice the well-known aphorism of Hippocrates : ‘ Melius remedium dubium quam nullum ’—Better a doubtful remedy than none. There is an old saying of the Rev. Dr. Chalmers : ‘ No one can tell what evils may result from the enunciation of a wrong principle.’ I know no wrong principle from which so much evil has resulted as that enunciated in the above axiom. The fallacy lies in the word *remedium*. It implies that the doubtful means employed *is* a remedy, though it may not act as such in the case in hand. The idea that it may hurt is left out. It is a strong measure to correct Hippocrates, but for his axiom I would substitute the

following : ‘ Melius medicamentum nullum quam dubium ’—Better no medicine than a doubtful one. The new word implies a doubt, an uncertainty of good or evil, and from this the inversion of the rest of the sentence naturally follows. When a doctor is called in he is expected to do something, and, the course of the disease being so very uncertain, it is not easy for the patient, nor for the doctor either, to know, should improvement follow, what share in this the medicine may have had ; and, *vice versâ*, if the symptoms become aggravated, this may be in spite of the means used, and altogether from the disease. The Hippocratic maxim is no doubt a great source of comfort to the doctor ; and so long as he knows that he has followed the teaching of the experts of the profession, and gives the remedies indicated by the symptoms of the case—is thoroughly orthodox, in fact,—he may keep an easy mind. If his patient dies, he gets credit for having done all that was possible. But a very serious ‘ evil ’ arises

from always acting on the principle which the maxim so clearly ‘enunciates.’ He can never know what is the natural course of the disease for which he has used the doubtful medicine, and he may go on during a whole lifetime obstructing nature instead of helping her.

I will give here only one disease where the usual treatment is, I am sure, in many cases, most injurious ; and simply because it interferes with nature’s processes. In a case of scarlet fever it is the almost universal practice to give at once a dose of aperient medicine. Now, when the doctor is called in in this case the disease has already reached its second stage. The first step is the absorption of the poison and its effecting a lodgment in the system, and this is seldom attended with any marked symptoms. These are produced by the reaction of the system to throw off the poison, and unfortunately it is these which we are apt to look upon as the disease itself, and therefore to combat. In an ordinary case of scarlet fever the poison

is thrown out by the skin and the mucous surfaces of the throat and pharynx. In some cases, perhaps from some previous errors in diet, there is diarrhoea, or irritation of the stomach and vomiting ; and these cases often do badly. It seems natural to suppose that a dose of aperient medicine will, by causing more or less bowel irritation, interfere with the natural action of the skin and throat, and may turn a simple case into a severe one ; and this I have found to occur in practice. I have often read of cases where this evidently happened, and I have met with it in cases I have seen with others. From almost the beginning of my practice I have never given a dose even of the simplest kind. In a very small proportion of cases the poison is so strong that it kills in twenty-four hours, or little more. In these there is no room for treatment. In old times Dr. Armstrong recommended bleeding to relieve the great internal congestion, and it is possible that this treatment might be attended with

success; nowadays I fear that if the patient died it would be said that he was murdered. I have met with one such case. In a few others which proved very rapidly fatal, the insanitary condition of the house was a sufficient cause; and in one—of a strong boy, who had eaten butcher's meat three times on Christmas Day when he took ill—a moderate degree of scarlet fever, which must have been approaching the stage of eruption, was accompanied with persistent bilious vomiting, which went on till he died. Two other members of the family had at the same time the disease in a moderate form. In ordinary cases of scarlet fever the bowels usually move of themselves in two or three days; but I have known this not to happen for a week, and on one occasion only after nine days, and the motion then has, whenever I have ascertained the fact, been perfectly natural. I believe that this was one main reason why I rarely lost a case of scarlet fever, even though severe; and some

few friends who have followed my example have had the same experience. I may mention one in Edinburgh who has a large family practice, and with whom thirty years ago I saw some very bad cases. He then always began the treatment with a dose of aperient medicine, and he was astonished when I told him my suspicion of this being mainly the cause of his bad results. Six months after giving this up he told me that the change was very beneficial; he had some severe cases, two of which he said should have died, but they did not. Lately I saw him, when he told me that now he seldom loses a case. I have told many of my experience, but few, I fear, have taken my advice. Some years ago, in the *British Medical Journal*, an English doctor published a letter strongly recommending giving no aperient in scarlet fever; but his letter was immediately followed by two from other doctors giving directly the opposite advice, and the question dropped.

My colleague and successor in Edinburgh, who has always for twenty years avoided aperients in scarlet fever, is equally convinced of the great advantage of following this course. He also, as I did, seldom meets with a case of albuminuria after scarlet fever; but our young patients have been in some measure properly fed when well, and get nothing stronger than milk for at least three weeks after the fever shows itself.

But equally important with drugs as remedies are stimulating drinks and foods; the same remarks apply to both of these as to the first-named. They are both in fashion just now, when the great object of medical treatment, in a large majority of cases, is to 'keep up the strength.' But is this really their invariable, or even their ordinary, action in states of disease? I am convinced that it is not.

First, as to Drinks. I believe, from observations on myself and on others, that Sir B. W. Richardson is quite right in his

conclusions, come to from strictly scientific investigation, that alcohol, in every form, lowers the strength both of man and beast. For long I have looked on alcoholic stimulants as I do on a whip or a spur to a horse. They may bring out more force at the moment, but the effect is very transient, and is attended with a decided loss of power. They may possibly be of use in the rare occasions where a temporary stimulus is all that is wanted, but even for this there must be already some stock of force, capable of being called out at the moment, and also sufficient to carry on the necessary actions of the system afterwards. If this demand on the potential strength of the victim is called for by repeated doses of the stimulant, the ultimate effect must be exhaustion. The conclusion then is the absurd one: that when stimulants are given to 'support the system,' or to 'keep up the strength,' the force must be there already, or the stimulant can have no action whatever.

The last of the remedies to be mentioned is Food, and this must be placed in the same category as the other two doubtfuls when we come to consider its value in disease. All food, in the widest sense of the word, is taken for the purpose of nourishing the body, and rendering it fit for its daily work. In the healthy conditions of the digestive organs this is done automatically, and all that is wanted is a regular and moderate supply of what is proper food under the circumstances. But in disease the organs of digestion are not in a healthy condition. In a very large proportion of cases they lose more or less their power of digesting food at all, or they do it in a very imperfect manner. Even when there is no structural change to be noted, the nervous force necessary to perfect digestion is wanting, and to take any food into the stomach can only do harm. Nature in most cases provides against this by stopping all appetite for food, while usually the desire for water remains, or is even increased;

but water undergoes no change in the body, and requires no digestion. Besides this, nature provides in the human body a store of food which has been already digested, and requires absorption only to fit it for carrying on all the more necessary functions, supplying as it does the necessary heat of the body, and also the force which keeps the heart and the muscles of respiration going, and any other muscular movements that are called for. We now know better than formerly that this reserve of food suffices to support life for days and weeks, with no addition except that of water, which is much more essential than food. Dr. Tanner and his followers have proved this, and perhaps more fully than was necessary. The doctor has done a good work. I have often thought that he had been worried—as I myself have been times without number—by the friends of his patients insisting on his giving them food, when he knew it could do nothing but evil; and he wished to show how utterly baseless

were their fears. It would seem that not only the friends but often the doctors also forget, or at least ignore, this store provided by nature. A healthy man when he takes no food loses in weight at first about a pound a day, which is gradually lessened to half a pound if the abstinence is prolonged. If no food is taken by a person suffering from disease, the amount lost seems to depend in a considerable degree on the amount of fever present, which causes a more rapid consumption of material, or burning. I am not aware that this has been accurately worked out, but I have often suspected that the daily loss is greater when the patient is induced to take food; and it is needless to point out how this should be so. This I am convinced of, that in almost every case disease is aggravated by food taken when it cannot be properly digested, and that the suffering to the patient is enormously increased. I know this above all from personal experience; for when ill I have often taken food as a duty

when I had no desire for it, and I know now that I only prolonged my illness, and my misery as well. I have been careful to say that, in the conditions indicated, food is not to be taken as a general rule. In acute cases much prolonged, and in chronic cases, much must be left to the prudent practitioner as to the propriety of giving and withholding food, so much depending on the condition of the digestive organs ; but he should always have a salutary dread of giving too much, as well as of giving too little ; and he should act on the amended aphorism and not on the original. By doing so he may have fewer diseases to treat, and they may be more easily cured ; but he will, I am convinced, have more clients, as their lives will be longer. I could give many cases to show the long period food may be abstained from in acute attacks of illness. I will only mention that of a lady suffering from a large fibroid of the uterus, from which she died. In the course of her illness, and when

already greatly pulled down, she had a severe attack of pleurisy. She suffered much from breathlessness, and very nearly died. For full three weeks she literally took nothing beyond occasionally sucking an orange; and she thanked me afterwards for not troubling her with food or stimulants; had I done so she felt sure she would have died. So far as the pleurisy was concerned she made a good recovery.

We have seen that in sickness neither medicine nor alcoholic stimulants nor food are necessary as a general rule, but, on the contrary, are often absolutely injurious; and the only conclusion we can come to is that the sick are in most cases to be left to nature's methods, and to these only. Now, what are these? When one falls ill, in the first place he usually loses all appetite for food. He thus tends to give Rest to the stomach: tends, I say, for often the stomach has a long period of work before it

gets rid of its contents in the first place, and then of the secretions which come into it, chiefly from the liver by regurgitation, and from the blood. If the illness has been brought on by taking any poisonous or deleterious matter into the stomach, or even by taking too much of the proper food, the cure may be speedy, and there may be no occasion to fall back on the stored-up food of the body ; and here no one would dream of fresh food being taken. But if the poison is of a slow - working character, and a long period for its elimination is required, or if some (it may be reparatory) process of inflammation is going on, which upsets all the nervous functions of the body, so that the nervous energy of the stomach so necessary for the digestion of food is wanting—if time runs on, and still no food is demanded by the patient—the friends begin to get anxious, and the dread of ‘ letting the patient get too low ’ comes strongly to the front. It is well for the doctor if he is of the same mind, and

as I know to my cost it is bad for him if he is not. If the case is a simple one, as fortunately is the rule, recovery comes about, although there may have been considerable errors in giving food too soon, or in too large quantities ; but there can be no doubt that a simple and short case is often converted into a severe and long one by giving food when it is not wanted, and when it can be of no use.

The other means which nature employs is giving Rest to the whole body by sending the invalid to bed. In a cold climate this is of special value. Warmth is of great use in many cases, both in preventing chills, and in saving the bodily heat and thus rendering heat-making food less necessary. It is thus a means of ‘keeping up the strength’ so much desired by the friends, but one which, I fear, they rarely think of. In certain cases of high temperature, the use of cold is now much more appreciated ; but in these, rest in bed is still essential, and the application of

cold, when indicated, is usually very acceptable to the patient.

An abundant supply of fresh air and of good water is essential in most states of disease, but the value of these is generally fully appreciated; at any rate the doctor has usually little difficulty in getting his wishes carried out in regard to them, if, as is by no means always the case, they are to be had in their natural abundance and purity.

A most valuable method of employing heat and water in sickness is by combining them. I have long looked on hot water as the most real stimulant that we have. It supplies ready made the heat which is, in health, the product of the chemistry of the body acting on all carbonaceous food. In most states of disease we do not look for any building up of the body, which is the main duty of nitrogenous aliments; but when the system is really in a low condition, and then only a stimulant is wanted, we need a supply of heat, which, being convertible into all other forms

of force, keeps up the temperature of the body, and the absolutely necessary movements of the heart and lungs, and the functions of the nervous system.

Another element in the cure of disease is Time, and chiefly for this reason, that if the patient, though apparently well, tries to get too soon up and back to his ordinary work and food, before he has got a sufficient stock of nervous energy, the chemistry of digestion at once goes wrong, and he falls back to his old condition ; and he must again rest both body and stomach, perhaps for even a longer time than before. The best tonic is a little wholesome abstinence.

To sum up : the doubtful remedies which, according to the new axiom, are as a rule to be avoided in states of disease are medicines of all kinds, alcoholic stimulants, and food ; and nature's methods which we advise to be substituted for them, or rather to be allowed full play without them, are rest, not forgetting rest to the stomach ; warmth, or in rare cases,

cold ; a free supply, usually of water, and always of fresh air ; and sufficient time for the organs to recover their ordinary working powers, and especially for the nervous system to make up its wasted energy. In short, we must fall back on the old and much forgotten *vis medicatrix naturæ*.

I have heard of old men who never had taken medicine, nor consulted a doctor, and who, if they felt unwell, at once stopped all food ; if this was not enough they went to bed, and remained there till they were better. The first rule I have followed for forty years, the last for fifteen, since I have been able to do so, and it has very rarely been necessary ; and I do not intend to do anything more in the future. My friends can see the difference in my health, and I feel it. Many of my younger medical friends, who worked on very opposite lines, used to laugh at me as a very poor specimen of the mode of living I allowed myself and recommended to others. One told me if I would daily take a good beef-

steak and a pint of Burgundy, as he did, I would be equally strong and well. Another recommended his three B's—beef, beer, and bread; another honestly said he would not live as I did—he would rather die; that he went in for a short life and a merry one. When at last I got the long-needed rest, I resolved to give myself all possible fairplay, with the object of proving to these men and others that there was some good in my methods after all. But the element of Time was a great one in my case, and now, when I am not ashamed to offer myself as a good specimen of an old man who lives a most simple life, I have no one left of the old scoffing friends whom I was most anxious to appeal to. They have all had the short life, but not, I fear, the merry one. In most instances one severe illness carried them off when at the height of their work and prosperity. It is a sad recollection.

It may be asked—if the present system of treating the sick be so hurtful, how do so

many recover under it? I answer by asking another question. How is it that so few reach the age of fourscore, which, from the time of Jacob, has been considered an extreme old age? May not this bad treatment of the sick be one large cause of the shortened life, as is the bad treatment of themselves by the healthy, on the 'short life and a merry' principle? The human body is, or at least we consider it, the highest work of the Creator, and it can stand a great deal of bad treatment at one's hands. My wonder is that it stands it so well. Or I might give a shorter answer by asking, How did any of the sick treated on the old plan recover at all? I would be glad to have an answer to this question from the advocates of the new.

CHAPTER II

I HAVE endeavoured in the former chapter to show how little can be done by drugs and stimulants and food to combat disease, and I have mentioned some cases where their use is positively injurious. Is there any general rule that can guide us as to when we are justified in not interfering at all, and in leaving the case to the simple methods followed by nature?

Perhaps no absolute rule can be given, but our action should be guided mainly by this consideration, that diseases, as we are called to treat them, or, in other words, the abnormal phenomena presented to us by the sick, are not the essential elements of the case, but are signs of processes set up in the

body in order to relieve itself of some disturbing influence threatening to interfere with its functions, or (it may be) to destroy them altogether.

In a large number of cases there is no difficulty. The cause of the illness may be obvious, or may be readily discovered, and any needful treatment may be at once had recourse to in order to remove the disturbing cause. But the disturbing cause may be doubtful, and, any 'remedies' that may be thought of being (as we have seen) also doubtful, we have a double reason for exercising a wise forbearance, and for leaving the case alone so far as any other means are concerned than those demanded by nature.

I think I will best serve my purpose by restricting this chapter mainly to cases which illustrate the evils that arise from interference with nature in carrying out her own methods, and the benefits which accrue to the sick from leaving them alone, or from using only the

simplest means to aid nature in her work of reparation.

The science of surgery is a very different one from that of medicine, and its advance during the last fifty years has been enormous. The practice of surgery has kept pace with the science. The surgeon in a great majority of cases knows what he is about, and the patient knows what he is suffering from. An injury is manifest to the eye or to the trained touch in far the larger number of cases, and any doubt as to the cause or the nature of the ailment is excluded. In a certain number of cases, even in surgery, this does not hold, and in these the prudent surgeon may have to act on the principle of letting alone, as in doubtful medical cases. But the advance in the means of diagnosis renders even these cases much less common than formerly. Also in the methods used the surgeon has great advantage over the physician. He can much more easily discover if he is doing good to his patient or the reverse and can at once

alter his treatment; and he can also know much more certainly if the case be hopeless and any treatment unnecessary. It is well to notice that in most cases, even in surgery, the best measures are those which ensure rest to the injured part, and this kept up till time is given for the restorative process of nature to effect a cure.

Many cases of internal injuries must be included in the common domain of the surgeon and the physician, as in injuries to the head, where there may be fracture of the base of the skull, with rupture of blood-vessels and internal haemorrhage. As a physician, I have had more to do with cases of apoplexy from rupture of an artery in the substance of the brain. Here all we can do is to prevent if possible the further escape of blood, and to encourage if we can its absorption. The old method was of course to bleed the patient with the view of lessening the pressure on the cerebral vessels, and perhaps there was some sense in this, though much might be said on

the subject perhaps to little purpose. Now, various medicines are often given, administered by the mouth if swallowing is possible, or by the bowel, and very soon the attempt is made by food and stimulants 'to support the system.' I am very sure my success has been greater since I have trusted entirely to rest and time, and have given neither food nor medicine. If the lower bowel is loaded, it may be right to remove what is there mechanically or by a mild enema, and emptying the bladder may have to be seen to if necessary. But beyond this rest should be absolute. The straining caused by the simplest aperient may make to the patient the difference of life or death; abstinence from food and mostly from drink of any kind will soon diminish the volume of the blood, and if continued will help to absorb the clot of blood, which may be looked upon as an addition to the store of nutriment we have spoken of as laid up in the system to meet such a contingency as now presents

itself. Thirst, if it by and by comes on, may be relieved by frequent minute sips of cold water better than by a large draught of any liquid; and later, if there be signs of exhaustion or of failure of the heart's action, my experience is that hot water will be of far more use than any alcoholic stimulant, or, if this cannot be taken in any quantity, some small doses of carbonate of ammonia. There are, of course, cases where the escape of blood is so large that there is no chance of recovery from the first; but I have seen many cases apparently hopeless, and where for many days there has been no sign of consciousness, that have been pulled through, not by the physician, but by nature left entirely to her own resources. In a large proportion of very severe cases which I have been allowed to treat in my own way, the patients, even though well up in years, and in one remarkable case very old, have afterwards enjoyed excellent health for many years without one sign of paralysis of any sort; and some have

done a large amount of head-work, and have died from diseases of quite a different character, or from simple old age.

One case, treated in a very different way, caused me perhaps more worry and anxiety than any other I ever attended. A gentleman of middle life, whose family I had long looked after, had an attack of apoplexy in the north of England, where the family had gone for the summer. He was a strong, healthy man, and I do not remember that he ever required from me any medical advice ; but he was certainly too well fed. After some months he was brought back to Edinburgh by the medical man who had attended him through his illness, and whom I was asked to meet along with one of our consulting physicians. The patient was still a great invalid and much paralysed. He was quite helpless, and the English doctor, who was well pleased with the improvement so far, seemed most anxious to impress upon us the necessity of keeping up his strength.

He was taking as much 'good' food as he could, and also stimulants. On leaving, the consultant told me he had been much amused at the way the English doctor, a young man, had laid down the law to me, a much older man. 'But,' he said, 'you can now take your own way,' which he knew very well. But I could not get my own way, and had not the patient been an old and intimate friend I would have given up the case, the more readily that I got no help from my consulting friend. At last most marked gouty symptoms appeared, and then I succeeded better in getting my own way. It was too late and the patient died. I succeeded in getting an examination of the brain made by the then pathologist of the Infirmary. We found, besides a quantity of clear fluid on the surface and in the ventricles of the brain, what looked like a small tumour embedded in the substance of the cerebrum, where it might have given but little trouble. But it proved to be the remains of a clot of

blood, partially organised, and with vessels through its substance. The full feeding had given no chance to its being absorbed, and the continued irritation kept up by it had led to effusion; and the pressure of the fluid on different parts of the brain accounted to us for the curious changing symptoms which the case had shown all through its course.

It has often been to me a sad reflection that wealth, which here was in abundance, and the kindest of feelings—for my friend was blessed with one of the best of wives—should, from want of a little knowledge of the laws of nature, be turned into true causes of suffering being aggravated and death brought on prematurely; and that the acquisition of that knowledge is hindered by the varying fashions of the day, as they affect the teaching and practice of medicine. I have myself suffered in many ways from my heterodoxy. A few of my good patients have left me—a very few, and as I have good reason to know, not always to their own advantage. Servants

in families in which I attended frequently would have none of me and demanded another; and I have even been threatened with the terrors of the law. My worthy friend, then Police Surgeon of Edinburgh, will, I think, forgive my giving a short story which afforded us both a good laugh the last time I had the pleasure of seeing him. Some twenty-five years ago, meeting him in the street, he told me most seriously that I must take care what I was about, or I would certainly come within the clutches of the law. This coming from him rather startled me, and I asked what he meant. 'Oh,' said he, 'there is old General C., next door to me, ill in bed, getting no food, and nothing being done for him.' I felt relieved and answered that I would take the risk. The old gentleman soon got well; no doubt he has occasionally gone through the same experience since, but he is still alive, and the last time I saw him very much so; and now, at the good age of ninety-five, he is,

I am told, the oldest officer of Her Majesty's Service. If 'something had been done for him,' as my friend suggested, then and on other occasions, he might have lived as long, but I doubt it.

There is another set of cases where great mischief is done by a free use of food and stimulants, viz. in haemorrhages from some other internal organ, as the stomach, lungs, or kidneys. The old idea was to remove the cause of the haemorrhage by lessening the pressure of the blood; and this by reducing its quantity by bleeding, or by putting leeches on a distant part of the body, with the view of drawing the blood into another direction. The idea now almost always acted on is to keep up the strength by stimulants, and to make up the loss as quickly as possible by giving good food; while also a variety of so-called styptic medicines are used, with, in some cases, the local application of cold. The sceptical physician who does not pursue these methods runs a considerable risk of getting

into trouble; but I have often run the risk during the last forty years, and I have never, so far as I know, had cause to regret it. I will give a few cases which I choose out of many as perhaps the most illustrative of my heterodoxy both in theory and in practice.

A gentleman about middle age and of a healthy constitution was long addicted to turns of deep drinking. He was absolute master in his own house, and he never allowed me to be sent for till he was just on the verge of *delirium tremens*. In a previous attack he had some hæmorrhage from the stomach, owing evidently to a cirrhotic liver. This alarmed him, and for a much longer period than usual he had kept off all stimulants. At length, however, he had to allow me to be sent for, and from his fears of hæmorrhage somewhat earlier than usual. I found that for ten days he had taken no food whatever; but was drinking largely strong wines and spirits. He was not yet in the state that I could stop this and give him some mild

food, but every day he promised me that he would take no more, and next day he expressed great regret that he had found it impossible to do so. This went on for three or four days, when one morning I got an urgent message to see him. I found that all of a sudden he had vomited an enormous quantity of blood. I guessed it at ten or twelve pounds at least. I certainly never saw such a quantity of vomited blood before, nor anything like it. No pulse could be felt in any of his extremities, which were cold, and his heart could scarcely be heard to beat. He had some consciousness; he seemed to wish to speak to me, and putting my ear close to his mouth, I heard, in the faintest whisper, ‘a big drink.’ My first thought was to gratify him, as he seemed in a quite hopeless condition; but I knew that to continue the stimulants was to give him no chance at all, and that if there was any doubt he should get the benefit of it. His great want now was evidently fluid, and some safe

stimulant, if there was such, to keep up the heart's action. I got a tumbler of quite hot water, with a teaspoonful of Liebig's Extract dissolved in it, and I poured gently on the surface of this a single teaspoonful of whisky, the fumes and taste of which might deceive him into the belief that I had yielded to his wish ; and he swallowed this with some effort. The same dose was repeated in some twenty or thirty minutes, and these two teaspoonfuls of whisky were all the stimulant he got ; but the hot water and Liebig were continued at frequent intervals and were well taken. By evening some reaction came on, and to the astonishment of every one he made a steady recovery. He lived carefully for some years, had no return of hæmorrhage, and he died from the effects of a severe chill from long exposure to rain and cold.

A young married lady, an old patient, came to Edinburgh to consult me for a severe chest affection of some standing. I had gone to the south of France, so she consulted one

of the ablest physicians of London, now deceased. He gave her mother, who accompanied her, such a hopeless opinion, and, at the same time, ordered so very different a diet from what she knew I would approve of that she followed me south, hoping that I would take a less desperate view of the case. I found that it was a very serious one indeed. The upper part of both lungs was inflamed and congested, one much more than the other, about one-half of the lung being affected, and in it there was at least one considerable cavity already formed. There had been repeated attacks of haemoptysis to rather an alarming extent. The London physician, who had been extremely kind and sympathetic, told them not to be alarmed at this, as it must occur from time to time. He recommended some drugs, I forget what, but his great anxiety was that she should be well nourished, and he wrote out a diet for her which she was to follow as far as possible. Her mother had tried to keep her up to the

mark, but she herself complained to me strongly that the attempt to do so only made her more miserable. Her coated tongue at once proved to me that she could not digest such a diet, and she was delighted when I told her I would not ask her to take more food than she wished or could enjoy. I recommended a very moderate quantity of milk and an egg or two as her only animal diet, and I ordered no drugs. I also told the mother that I took a much more serious view of the hæmorrhage; that had she been able to take and to digest the quantity of nourishment ordered in London, an occasional bleeding might relieve the congested and now evidently inflamed lungs; and that had the blood come from some external part of the body little mischief might result, but that a portion of it would most probably remain in the lungs, and would certainly set up further irritation. The old lady saw the common sense of this, and no longer urged food on her daughter. Next day I found

good milk was not to be procured. The cows of the hotel were fed more or less on oranges, and the milk had a peculiar flavour which rendered it undrinkable. Nor were fresh eggs to be got. The friends I was living with close by had, fortunately, a cow properly fed, and had also a number of fowls, and they kindly supplied my patient with one pint of milk and a couple of eggs every morning. On these and on nothing else the invalid lived for several weeks ; and though the weather was such that she could get but little out of doors, the change on her was really marvellous. She lost her pinched, pallid, suffering look, slept better, was able to move about, her cough improved, and she had no more hæmoptysis. But the great change was in the lungs. The congestion in the best lung almost disappeared ; and in the bad one the local signs were so much modified that, but for the undoubted presence of a cavity, I might have hoped that there was no phthisis at all. Had the London

physician seen her four weeks later he could not possibly have given so hopeless a prognosis. I never saw her again, and she died of phthisis two years afterwards.

Some years ago I spent a few weeks near Rio. I was there asked to meet the late Dr. F. of Rio to consult about an English gentleman living in the hotel. The case was one of severe hæmaturia. He had suffered for years from dyspepsia. A sea voyage was recommended ; but after a short remission the stomach ailment returned, accompanied with hæmaturia, and he arrived in Rio much exhausted. After some weeks' rest in a delightful climate he was no better, and Dr. F. advised him to get home as long as it was possible for him to travel. His general health was wretched, and the main object of the doctor and of his nephew, who was with him, was to get him to take any tempting food he could, to make up for the loss of blood, which was considerable and constant, and to keep up his strength. Every

possible remedy had been tried, the doctor told me, except turpentine, which he proposed we should give him; but he considered the case hopeless, and wished to get him home if possible; as he was unfit to travel the ten miles to Rio and get on board the steamer in one day, he kindly offered to take him to his own house for the night. It looked very much as if some organic change of the bladder was present. I suggested that possibly the cause might be a simpler one, and that, as the bleeding had come on when he was living, as he told me, on fuller diet than usual, on board ship, and during very hot weather, it might at first have been an effort of nature to relieve a congested organ, and that the weak part had not had a chance to heal from the constant use of as full a diet as was possible. This was quite a new view of the case both to the patient and to the doctor, and the former was most willing to change his mode of living. It was agreed not to try the turpentine nor

any medicine whatever, and to adopt at once and for the future a very simple and restricted diet. He left next day, and on my return home I found a letter from the nephew, dated six weeks after I had seen the invalid. He writes : ' My uncle's hæmaturia ceased without any assistance from medicine as soon as we got fairly through the tropics, and he began to mend slowly, and by the time he arrived at Liverpool he had regained some of his strength. The change of air on getting home did him good, and, on the whole, I think he has very nearly recovered what he lost on the voyage. I attribute his recovery greatly to your advice.' How often I have known a simple case converted into a complicated and hopeless one by exactly the same treatment !

I will give one other case, perhaps the worst case of hæmorrhage from a fibroid tumour I ever met with. A lady, from Glasgow, where she kept house for a brother, came to see me several times and lived

with a sister in Edinburgh. I advised rest and light food. She was rather of the full plethoric type. She got worse and worse, and at last finding she could not take rest at home I insisted that she should stop with her sister, remain absolutely in bed, and, though she was now very weak and bloodless, that she should live on a very restricted, almost starvation diet. I had given her freely the favourite styptic remedies, especially Ruspini's Styptic, which then enjoyed a very high reputation. The surgical methods now used in such cases, and electricity as now practised with often the best results, were not then thought of. At once she began to improve, and at the end of three or four months, during which she rested, and I may say more or less starved, the attacks left her and did not return. She soon gained strength and went home. The end was rather a sad one. Some three years after I was called to see her in Glasgow. She had kept quite well, and got strong and full as before.

Whether I had not enjoined her strongly enough to avoid getting too full and plethoric now that she had not her previous relief, or that she had not considered it necessary to be any longer so careful, I do not know ; but I found her suffering from a very severe attack of pleuro-pneumonia, to which she succumbed a day or two after. Twenty years earlier she would have been bled and bled again, and the result might have been different.

In such a case as the last, I have all along occasionally ventured to bleed, and my successor has done the same. Fortunately the result was always favourable. We know from such cases as I have given the details of, that one can lose a vast amount of blood and be ultimately not one whit the worse for it. Above all, in a case of congestion of the lungs the remedy seems the natural one. The whole mass of the blood must circulate through the lungs, as well as through the rest of the body. If the lungs are swollen and congested this becomes impossible, and

surely it is a more rational method to relieve them of a portion of their load, rather than to try to force the whole of it through by stimulating the heart's action, as is the method universally adopted nowadays. I heard and knew little or nothing of the complaint in my younger days, perhaps because by early bleeding it was rarely allowed to get ahead, but was checked at the commencement.

I find that the same mode of treating congestion of the lungs now prevails in France as in this country. The change from the old to the new treatment, and the usual results, was told me very graphically some years ago by a fine old French gentleman whom I had seen from time to time near Antibes, where he was the neighbour of friends I frequently visited. I heard he had been ill, and went to see him. He told me he had been very ill, and that the wonder was he was alive. He had had congestion of the lungs. ‘In my young days,’ he said, ‘when any one got

congestion of the lungs, he was bled, and he was cured. But now, if you take congestion of the lungs, the doctor will not bleed you, and there is nothing to do but to send for the padré.'

As I will later on have occasion to notice the evils that result from full feeding in asylums, I may here give some account of my experience in treating cases of insanity, and give one or two illustrative cases. I may be told that I can have but little knowledge of this extensive subject, as I have never been attached to any establishment dealing with it. This is true, but I have had much experience outside, where I was not bound very much by rules, and could treat each case as it arose. As proof that I was considered by experts as knowing something about the insane, my advice has more than once been asked by them when their own relatives were threatened. There is no harm in stating that an old friend, who was long held, and justly so, as the head of his specialty in Scotland, when

he feared that a very near relation was becoming insane, put her under my care, and let me have a free hand in her treatment. On stopping her stimulants and good food, we found that the insomnia and other more suspicious symptoms soon went off, and our anxiety about her was speedily relieved. More recently another medical man, who occupied a high position in connection with lunacy, asked me to look after a friend, an old lady who had still more advanced symptoms than the last-mentioned. In his letter to me he said he knew nobody but myself who could be of any use to her.

I could give numerous cases of good results from, as I think, a rational mode of treatment.

An old lady, long a patient of mine, lived undoubtedly too well. She was a robust, healthy woman with a good stomach, and she took advantage of it. About once a year she had a severe attack of erysipelas of the head, which cleared her out for a time. One

year the erysipelas did not come on, and instead of it she had an attack of acute mania. She was making a slow recovery after the acute symptoms were over, and for a change she went to the country. There her friends put her on a better diet. She did not improve, and they called in the physician of the county asylum. He wrote me that the case was a hopeless one of senile insanity, and told me what would be the course it would certainly run. He also said that it was not safe to leave her at large, as in such cases there was a tendency to suicide. Of course he approved of good living. If his views had been carried out, I have no doubt his prognosis would have proved correct. But I managed to get her home, put her again on a restricted diet, and though not quite sound she lived for years with her daughters in town, and never showed signs of senile insanity nor of any other form of it.

A much younger lady I kept out of an

asylum for twenty years. She had occasional attacks of insane excitement during all that time, but she had an excellent maid, and little was needed except an occasional quiet change to a lodging in the country. She was getting past her change of life, and I quite expected she would have a comfortable and calm old age. At one time she asked me if she should not adopt vegetarianism pure and simple. I had put her at least half-way towards it; and I afterwards regretted that I had not let her follow her wish. But I pointed out to her that she was doing very well as she was, and thought it would be better that she did not change. She was now living by herself in her own house, in a fine healthy locality. By and by she was so well that she went to pay a visit to friends at some distance. There one of her excited turns came upon her, I know not from what cause. Her friends got alarmed and sent for their doctor, a valued friend of mine, long since dead. He at once said she was too

low, and changed entirely her mode of living. Ere long I was asked to send a professional nurse to bring her back to Edinburgh. She was soon much in her usual again. At the desire of the friends I got an excellent lady attendant for her, and hoped all would go well. But now the friends, who had left me quite alone hitherto, interfered with the lady attendant, and she had to give up her place. Seeing I could do no more good, I had also to give up my patient, very much to her sorrow, and my own. All along she had dreaded being sent to an asylum, and made me promise that I would never allow it. It was soon resolved however to send her there, the chief reason given being as before, that there was risk of her committing suicide. She was sent to what are justly considered most comfortable quarters; but very soon the physician of the establishment came to tell me that on one of the first opportunities she had committed the act the fear of which had led to her seclusion. I was not astonished,

though I had never seen the slightest tendency in her to injure herself during the twenty years I had the care of her.

I shall now give a few purely medical cases, illustrating the two opposite modes of treatment, and extending over a period of more than quarter of a century.

In November 1869 I was called to Helensburgh to see Mrs. S., an old lady who was supposed to be dying from cancer of the stomach. The patient was well on to eighty years of age. She had enjoyed good health, had been well fed, took a moderate amount of wine, but for some years had attacks of disordered stomach, accompanied with vomiting, which was the chief symptom. These attacks had been getting more frequent and severe, but the present one was much the worst she had ever had. For twelve days nothing had remained on her stomach ; she had got very thin ; her colour was very bad ; but the vomiting now was more from irritation of the stomach than from bile. After the vomiting

fits, which were very distressing and exhausting, she had a desire for something to drink, and this was freely supplied in the varied forms of champagne, soda and brandy, beef-tea, and turtle-soup. For a few minutes she was relieved, but the distress and vomiting soon returned. Her strength was rapidly failing, and it looked as if one or at the most two days more would bring the end. From being full and plump, she had got so thin that the edge of the liver could be felt a little below the ribs, and this had led to the idea that she might be suffering from cancer of the stomach. After finding out all I could about the case I withdrew to consult with the doctor and a semi-medical friend of the family. I was able to assure them that the case was not one of cancer; that the old lady had still some life in her; and that if only we could give the stomach a rest it might recover its functions and she might yet get well. I pointed out that the desire for drink or such fluid food as she was taking so freely

was not a true call of nature for nourishment, but a crave for something to dilute the acrid mass which soon formed again after each fresh supply, aggravating the irritation of the nerves of the stomach, and bringing back the misery which, for a short time, had been relieved. She had of course been taking a variety of medicines. I recommended that all these should be stopped, as also the stimulants and food, and that the old lady should have nothing whatever but hot water, and of this just as much as she cared to take ; that this should be continued at least for twelve or twenty-four hours, when, if it seemed to suit, a very small quantity of milk could be added to it, and gradually, as it could be done without the least discomfort, a very little mild food, as gruel, or weak chicken soup, might be given occasionally. This was all agreed to most readily, as it was clear to every one that on the present lines of treatment the case was utterly hopeless. As we were talking, a message came that Mrs. S. had been sick

again, and would she take soda and brandy, or what? She had had a bad fit of sickness. I said that now was the time to begin the hot water, the stomach being well emptied; and I sent her up a full tumbler, about as hot as one could drink it, to be taken at once in whole or in part, just as she felt inclined. In about half an hour, before leaving, I went to her room and found her in a much more satisfactory condition. She had taken the whole tumbler greedily, and it was, she said, the only thing that had done her good. She felt soothed and comfortable. I did not see her again, but from this turning-point she made a steady though necessarily a slow recovery, only somewhat retarded on one or two occasions by the desire of the doctor to get up her strength a little faster. She quite recovered her health and her former plumpness, and she lived for I do not know how many years.

The two following cases I met with in London, where I spent two winters some ten or twelve years ago:—

I had heard of the illness of a young married lady, a friend of my family, and one day her mother came to ask if I would see her as a friend. She told me her daughter had been gradually getting into bad health, and that now they were very anxious about her. Her stomach had got so weak that it could retain next to nothing ; on the previous day all her food was five oysters, and they were pleased that these had not been vomited. One of the first physicians had seen her in consultation, and ordered wine and a tonic. On a second visit he had ordered stronger wine and a stronger tonic. These were so manifestly injurious that the mother, who well knew my methods though she did not follow them, in despair about her daughter, begged that I would see her. I told her I could not do so in the way she wished ; that no good could come of it, as I certainly would advise a very different treatment ; that I would stop all medicines and stimulants, and would give little or no food until the stomach

had rest and could digest it. I asked her to tell the doctor what I said, and if then he was willing to see me I would be glad to meet him. I heard nothing for five days, and was then informed that the doctor had at once adopted my suggestions, and that the patient had showed so much improvement that they did not think a consultation necessary. After another week, however, I got a request to meet the doctor, as the patient, on being tried with stronger food, had at once gone back to her old condition. I found her terribly emaciated, lying on a water-bed to prevent bed-sores which had threatened. There were some symptoms of pelvic irritation, but she was not pregnant. Her family, consisting of two fine healthy boys, quite young, took up much of her time; she was much in society; and she had continued her duties to both long after she was quite unfit for the exertion. Her exhaustion was now extreme, and both doctor and friends were afraid to continue the only treatment which had in the

least degree done her good. Though by no means sure of the result, I strongly urged as the only chance of preserving life that the stomach must have rest; that in its present condition any stimulating food or medicine could only do mischief; and that if time could not be given it to recover its tone the patient must die. As the only food I recommended a few sips from time to time of well-diluted milk, lime-water, and white of egg, and, as the only stimulant, hot water as she could take it. This was agreed to. I think I also recommended a large sinapism over the stomach at bed-time, kept on only so long as it was pleasant. This I have long found to allay irritation and miseries when the stomach is irritable, and very often it produces a quiet sleep. At once she rallied, the sickness stopped, and she even gained in strength. The process of recovery was very slow, but pretty steady, even when she began to take a little more simple food, such as well-boiled gruel, soup of young chicken

or of young lamb. I had several meetings with the doctor, who was astonished and delighted with the result of a mode of treatment which was absolutely new to him. He told me that he could only account for the condition of his patient when I first saw her on the idea that she was falling into acute phthisis, although the chest signs were as yet very trifling. By and by the signs of pelvic irritation became more marked and had to be attended to; but it was years before she was fit for much exertion. She is now in excellent health.

My next case is a sad contrast to the former. A nervous Scotchman of a decidedly gouty type, a resident of Edinburgh, suffered so frequently in our irritating climate from bronchitis and stomach attacks that I had advised him many years previously to go to London. The change was advantageous for him as to his business, and he found the climate much more suitable. He came down from time to time to Edinburgh, when I

usually saw him, as the return to the North often, as I have seen in others, brought back something of his old ailments. But altogether he enjoyed very fair health, and, as he lived very carefully, I expected for him a long life. I did not see him for some years, when, happening to be in London, I called for him as usual. I was astonished at the change in his appearance. He had got stout and full, a great contrast to his ordinary condition. He told me that a year ago he consulted a doctor who told him that his was poor man's gout, and he put him on a full diet both of food and stimulants. He soon got into robust health, 'but,' he said, 'I had a terrible winter.' He was attacked with eczema over his whole body, and had to be in bed, I think he said for six months, with a wire cover over him to prevent the clothes from touching his body. He was of course dosed and dieted, and as the weather got warmer he got free of the eczema. That was three months before I saw him. He

had resumed his full living, and he was again strong and stout. Though he did not exactly say it, I saw that he thought I had been too strict with him. I had not the heart to frighten him, and only remarked that it was lucky for him that the gout had taken an outward direction. Three months later I went up to London for the winter, and one of my first visits was to my old friend. I was told he was very ill and could see no one. I was admitted, however, and his wife told me his history since I had seen him. He had kept in excellent health all the summer; but when on a visit to the country three weeks before he got a chill, and one of his old bronchitic turns came on. He got home, and had gradually got worse. On going to his room I found him in a very suffering condition. He seemed still a large strong man compared to what he used to be; but, in addition to the bronchitis, his stomach had now gone wrong, and he was so wretched he could scarcely speak to me.

He told me that his wife, by the doctor's orders, was always urging him to take food and stimulants, and he was sure they did him no good. He did not vomit much, if at all, but his uneasiness and misery were unceasing. I saw that his stomach was full of acridity, and happening to have some liquorice in my pocket I gave him a good piece of it. It at once relieved him, and he was able to talk more comfortably. After a little he suddenly took up a tumbler of rich London milk, and before I could stop him swallowed some mouthfuls. In a few minutes his intense uneasiness returned; the milk had at once soured and formed a hard curd in his stomach. This accident confirmed me in the belief that his suffering was mainly from a grievous error in diet. I gave the wife a strong message to the doctor: that I had known his patient much longer than he, and that a very different diet would be much to his advantage. Three days later I called to see him, and found him much the

same, still taking too much food, etc., but his wife was not now so urgent for him to take it. I also got a message from the doctor that the patient was a strong man, that there was no fear of him, but that I must have forgotten how old he was—he was perhaps a trifle older than myself,—and that it was absolutely necessary to keep up his strength ; I was sorry, but could say no more. Twice again I called to ask for him at intervals of three days, and the last time was told the doctor was getting rather anxious about him, and would be glad to meet me. I agreed of course to meet him at any time he fixed. I heard nothing for two days, and then a black-bordered letter intimated his death.

I know that it is the prevailing opinion that old people require more ‘keeping up’ than younger persons. My experience tells me that this is a great mistake, both in health and in disease. I am perfectly sure that the old bear stimulants much worse than the younger. I have often seen a new lease of

life follow the giving up of even a very moderate use of wine which had been indulged in for the greater part of a lifetime, and had thus become a habit. That the same holds in the case of disease will perhaps be better illustrated by the following case, one of the latest of the very few I now have occasion to treat. An old lady of eighty-seven had a year ago a severe attack of influenza then epidemic in Edinburgh. She usually enjoyed fair health for her age, and she rarely if ever took any stimulants, but I could not get her off what I consider the bad habit of taking aperient medicine. For some years she had suffered much from chronic rheumatism, which had at last rendered her quite helpless, and she could not turn in bed without great pain. Massage more than once relieved her considerably, but finding that the relief was only temporary she got discouraged and gave it up. Having a fair stomach and no exercise she got full and unwieldy, and it looked as if soon she would be

unable to leave her bed. When I saw her she was evidently in for a severe attack ; I advised that she should take no medicine, as much hot water as she pleased, and little or no food. The state of the tongue was proof enough to me that she could digest nothing, and she had an abundant store of nutriment in her body to last for weeks if necessary. I tried to comfort her two anxious daughters by saying that I hoped she would weather the influenza ; and that if she got fairplay, she would almost certainly be cured of her rheumatism, and possibly of her habit of taking medicine.

Almost from the first the head was affected, and the old lady at the end had lost all that had occurred during at least two weeks. On the fourth night of her illness she remembered that her bowels had not been opened for four days, and she insisted that the nurse should give her a dose of castor oil ; the effect was rather severe, and that, with the necessary movement, so exhausted her, that in the morning I found her in a state of collapse,

and feared she was to die. By evening, however, she rallied without any stimulant but some doses of carbonate of ammonia in camphor mixture, a stimulant much preferable to wine or brandy when the stomach is disordered. She now forgot all about her bowels and they moved of themselves twelve days later, when everything was so perfectly natural that the nurse, to whom this treatment was altogether new, and the daughters also acknowledged that I had been right. The case went on with no improvement, but fortunately no chest symptoms supervened except a troublesome cough. One night, about a fortnight after the commencement, the daughters feared she was lower, and sent for the neighbouring doctor. He at once ordered brandy, but there was none in the house, and it being midnight it could not be got. They got a bottle in the morning, but they also wired for me, and I saw her before the bottle was drawn. I found her much in the same condition, and the brandy was not

given. She did not show any sign of improvement till the end of three weeks, when a copious erythematous rash came out on the lower part of the body, and we had much trouble to prevent bed-sores. She was now however round the corner, her tongue cleared, and she could take a little simple food. She made a steady if slow recovery. She has had no rheumatism since, and though, from the bad summer and worse winter, she has got but little out of doors, and has not yet much power of walking, she now enjoys better health than she has had for years. She lost at least a stone and a half in weight, which is a great advantage to her, and which I advised her not to try to make up. She lives well on considerably less food than she took before her illness, and she is quite resolved to do so for the future; and she requires no aperients. I tell her that I hope she will now live out her hundred years. I may add that during the illness of her mother one of the daughters had a sharp attack of

influenza. Being anxious to get well as soon as possible she took nothing whatever for a full week but hot water, and her health has certainly been better ever since.

I could give other cases of influenza quite as illustrative as the above. I have known the disease since 1837, when there was an epidemic which few escaped in Aberdeen, where I was a medical student. I have had my share of cases in most epidemics since. I have never treated them on the keeping-up plan, and I have had no occasion to regret it. The orthodox treatment has run the whole extent of the gamut since 1837.

There are no doubt great differences both in the epidemics and in individual cases ; but I have failed as yet to meet with any case for which I would consider an alcoholic stimulant necessary, unless it be where such an accident occurred as happened to the old lady whose case I have given somewhat in detail, and where I gave some doses of carbonate of ammonia. In such a condition it is possible

that a temporary fillip may help to bring the patient round a corner, but even for this I consider the ammonia preferable to alcohol. In this case too the collapse was undoubtedly brought on by an error in treatment. There is in most cases of influenza of the recent type a great and sudden depression and a feeling of intense weakness. But this is caused by the unknown poison. It is not of short duration, but may remain for many days, and a mere fillip is not what is required. Surely this depression cannot be relieved either by alcoholic stimulants, which notoriously lower all the chemical actions of the body, and are much more likely to prevent the elimination of the poison than to aid it, nor by food of any kind, which must use up some nervous energy in its digestion, and which, under the circumstances, it is not likely to get. Anyhow I have used neither, but have trusted to hot water alone during the earlier days, and I have given little or no food till, from the state of the tongue, I could judge that its digestion

was possible, and then in very small quantity. With this treatment I have not met with any case of an influenza patient suffering from ill-health for months or years from what is called the dregs of the disease. These are common enough, but I believe they are mostly or entirely due to giving any food in the early, and too much in the later stages and afterwards.

CHAPTER III

I HAVE as yet only attempted to lay a foundation for my ‘plea for a simpler life,’ the main object of this book. I have tried to show that when disease comes upon us, the means ordinarily used to restore us to health other than those which nature herself employs are mostly at best doubtful and uncertain, often injurious, and varying at different times, and I may add in different countries.

I have pointed out that in a large proportion of cases what we call disease is the means adopted by nature for the cure, or, I may add, for the checking of some evil lurking in the system, which, if allowed to go on, might lead to permanent impairment of

some of the important organs of the body or of their functions, or even to loss of life. If this is true, the inference is clear that something has occurred, either suddenly, or since a longer or shorter period, which has led to the necessary interference on the part of nature.

To point out what this something is, in the whole domain of medicine, is a very large order indeed ; and here there is room for the highest knowledge and skill that professional men are ever likely to attain to, and where these will always have their work and their reward.

My object is a much humbler one, and is mainly to point out that the means commonly adopted at the present day for the cure of a large part of the diseases which are commonly met with in our ordinary practice are precisely those which are themselves, when used improperly, the main causes of these same diseases. I allude, of course, to food and stimulants, and these

assisted by drugs to do their evil work unobserved.

Food is essentially, as has often been pointed out, of two kinds. The one is that which, by slow combustion in the body, and mainly in the lungs, goes to the production of heat. This is used up mostly in sustaining the heat of the body, but it is also, by some subtle chemical or other change which we do not know, converted into force, in the forms of muscular, nervous, and mental energy, and perhaps of electricity. This, which may be called the working food, is mostly carbonaceous, and includes all matters which burn in the fire, as sugar, starch, oily matters, and alcohol, which all burn readily and leave no residue. The other kind of food is what goes mainly to form and to keep up the body, and to supply its waste; the essential element in its composition is nitrogen. It will not burn in the fire, but is slowly consumed, leaving only a small quantity of mineral matter in the form of ash.

This also assists in a minor degree in keeping up the heat of the body and in the production of energy, by a slow oxygenation in its passage through the body, which it leaves mostly through the kidneys. It is represented chiefly by animal flesh of all sorts. Other substances used as food are combinations of these two, and of these bread and milk are the most important; but it includes all cereals, and the pea or lentil tribe, which are astonishingly rich in nitrogen. Vegetables belong mostly to the carbonaceous group, but vary much in composition, as also do fruits, which often contain little but water, with more or less sugar or some acid peculiar to the fruit itself. All foods contain some saline matters, varying much both in quantity and kind, but some of them absolutely necessary to the health or full development of the human body.

The above is a very elementary and imperfect history of the two forms of ordinary food, but it is enough for my present purpose.

Of stimulants I need only mention alcohol, wine, and beer, and these very shortly. That they are not necessary for life there can be no doubt whatever. Nature does not provide them; they are artificial products; and how long man existed and progressed without them we do not know. In large regions they are not used or are not to be had, and these regions lie in all parts of the world—hot, cold, and temperate. The evils arising from them we all see and deplore, and any benefits they confer either in health or disease we have seen to be very doubtful. Fashion changes in regard to them much as with drugs. Formerly it was wine, then brandy, and now Scotch or Irish whisky. In India some thirty years ago the run was upon Burton beer. Now comparatively little of this is exported, and its place is taken by a much lighter country beer, or by light claret, and brandy and water or whisky and water.

I will now consider in a general way how

errors in food affect the healthy and induce disease ; or, in other words, render interference necessary in order to prevent some greater evils.

If a healthy person takes too much carbonaceous food, the error sooner or later shows itself. For a time the excess is set aside in the form of fat ; and the discomforts from this, or still more frequently the change in the figure, attract attention, and, if the case be wisely treated, relief is got from less food and more exercise. Or the secretion in the liver of bile—which contains so large an amount of carbon that it burns in the fire—is unduly increased, the blood gets carbonised, langour and discomfort come on, appetite fails, and a chill, followed by irritation of the stomach, ends in a bilious attack. This, with the enforced starvation, it may be for several days, clears off the superabundant carbon, and leaves the sufferer in a healthy condition.

The case is very different when the excess

has been in animal food. This may go on for many years, even for what may be considered a fair lifetime; and, if the individual is of a sound constitution, and under favourable circumstances, he may dispose of twice or thrice the quantity of flesh food that is required by his system, and still retain his health to all appearance unimpaired. The kidneys, which eliminate with some little help from the skin all effete animal matters, will do double or three times their necessary work for an indefinite period; and if life be cut short by accident, the case may be quoted as one of a remarkably healthy life, and the credit of this may be given to the full mode of living. But if not cut short by accident, and if there be no weak organ which may break down earlier, sooner or later, but long before what should be the natural span of a healthy life, ugly signs of disease unexpectedly manifest themselves, and the till now strong and healthy man is told that his case is hopeless and beyond the means of

possible cure. Naturally the overworked kidneys are the first to give out, and failure on their part may prove fatal; or the blood gets loaded with animal matters of which they fail to relieve it, and these are deposited in various organs in some in the form of fibrin, which by and by hardens, and destroys more or less their substance and their functions. A very common form of evil arising in this way is what is called general paralysis; I never heard of this in my student days, and not till long after. No doubt cases occurred before and were known by a different name, but they were few, and their number has increased enormously during the last thirty years. The symptoms and pathological changes vary infinitely, according to the part of the nerve centres affected, and the stage of the disease. I cannot recall a case which was not that of a previously healthy individual, and who lived fully.

What I wish mainly to draw attention to as to those two errors of excess is, that in the

first nature interferes soon and sharply, and no permanent mischief is left; and in the other, excellent health may be enjoyed for very many years, while all the time changes are going on which give no sign till the case is hopeless.

In the great majority of cases of errors of food in quantity, the excess is of both kinds, carbonaceous and nitrogenous; and no doubt there are very few healthy people who can afford it who do not usually exceed. Appetite seems to call us to enjoy it, and a 'healthy appetite' is applauded by all, while a 'poor appetite' meets with general reprobation, and any one who 'picks' is looked on as a poor creature. If appetite threatens to fail there are plenty of 'pick-me-ups' to have recourse to; and if any discomfort is felt after a meal there are plenty of pills ready at hand to relieve it. Then as 'prevention is better than cure'—a wise saying if properly used—the pill is taken before or with the meal, and all goes merrily, for a time. The

blood-vessels of the stomach and the stomach itself get enlarged, and demand a larger supply of food to give satiety, a tonic is now needed and a stronger pill, then a stronger tonic, which by the bye seldom does any good ; but sooner or later dyspepsia comes on—if no more serious ailment,—with its innumerable miseries ; for the nerves of the stomach when irritated seem to take a pleasure in worrying all the other nerves of the body. Innumerable ‘remedies’ are now available—pepsins, peptones, alkalies, acids, etc., all with the view of assisting digestion. Dyspepsia is a mine of wealth to the doctor and the chemist, not forgetting the proprietors of patent medicines whose ‘infallible cures’ are legion. The invalid may suffer for the rest of his life, and, as his spirits and temper are often none of the best, his misery is often shared by all who are about him. The ablest men in science, art, and literature seem to suffer most. It may be that their condition is only better known, from their

lives being made public; but in reading biographies I have often been saddened by occasional hints of sufferings brought on undoubtedly by resisting natural laws, a resistance kept up till the very last days of life. The worst case of this I ever came across was that of a well-known public man, not so many years ago, whose case was watched by many as given in regular medical bulletins published in the daily papers. I pointed out, just a month after they began to appear, how the reports alternated in this way. For a few days they were despondent, as the patient was lower and could take no food. Then (after the abstinence) he improved, and satisfaction was expressed that the appetite had returned and that he could eat; very soon appetite failed, and he was weaker. This went on for some four months, the strength however gradually failing. At length the case got hopeless and was acknowledged to be so, but still the attempt at feeding went on, and on the very last day of life

food was pressed on the unwilling sufferer, even though it was immediately rejected. Here unfortunately the case is ended, and no other method can be tried. There is but one chance. If nature had been allowed to have her way, had the abundant material stored up in the body been left to do its own work, and little or nothing been added but a supply of plain water, the best diluent and eliminator, and with it, if considered necessary and if agreeable to the patient, more or less force-giving heat—the only real stimulant—I cannot but think that the result would have been very different. I am not orthodox enough (blasphemous enough?) to believe that these sufferings are all sent by Providence. An old man who has lived a natural life, and has reached his full time, has an infinitely better chance of passing away without suffering, and without regret. I have seen both.

In such badly treated cases—in my opinion—as the above, I cannot blame either the

medical men or the friends of the sick. It is the bad system which guides the former, and anxiety to leave nothing undone that could benefit the loved one which influences the latter. It is only a little want of knowledge which unwittingly leads to so much suffering and death.

To what degree this want of knowledge extends amongst the profession the following will tell. I was asked by a young friend to meet the headmaster and other teachers of a large educational establishment which shall be nameless. There were many boarders, who were treated generally and fed in the way followed in the leading English schools of the day. My friend, who was one of the teachers, had himself suffered when a boy from intense headache, and had got benefit from my advice; and he knew well the evils which resulted to youths from too high feeding. I dined with the party; we had a friendly enough discussion, but I could not alter their opinion in the slightest degree. A year

later I had occasion to see the headmaster again. After our business was finished he said to me, 'You will remember our talk, just a year ago, about the general mode of treating our boys, and especially about their food.' 'Perfectly,' I answered, 'and precious little I made of you.' 'That I allow,' he said; 'but I know now that you are right, and I very much wish you could help us, but in the meantime we are helpless. It is the system known to the parents and expected of us. If, for instance, the boys do not get the best butcher meat, and as much as they wish every day, they can write to their parents; they would write to the directors; and, in short, we must go on as we have done.' I said that I was much pleased to hear that he now agreed with me, and I hoped something better might come of it; but that I should like very much to know what had made him change his views so completely, and in so short a time. He told me it was a very simple matter indeed. He had an older

brother, an English clergyman, who for many years had suffered from rheumatic gout, and who went annually to one of the favourite baths in France or in Germany. He returned always somewhat improved in health, but he lost it all and more by the next season, and latterly he had been going fast downhill, and it looked as if he would soon not be able to go at all. Last year, since we had our conversation, he went to Germany, and he met at last an honest doctor, who, when he was leaving, said to him : ‘What is the use of your coming here, or elsewhere, once a year to get washed out, and then going home and living in a way which absolutely destroys all the benefit and brings back all your ailments?’ ‘But what struck me most,’ the headmaster added, ‘was that he put my brother upon precisely the food you recommended for our boys, and that he has kept well since, and has had no occasion to return to Germany.’ It was this that converted him.

What I wish to notice specially here is, that the advice as to diet which the German doctor gave the clergyman was perfectly new to him. He had consulted medical men both in this country and abroad, but had got no warning from any of them. He at once saw the common sense of the advice, and was only too glad to follow it. Many, I know, would not have done so even had they been warned.

For many years after giving up ordering drugs I sent patients to Germany for a course of baths, and saw great benefit in some cases where a more rational diet was adopted for the future. But too many others used the benefit they got only to enable them to exceed again with some comfort for a time; and in some the end certainly came sooner in consequence. I have a hope that a few who read this may be induced to follow the example of the old clergyman, and get the same benefit that he did.

I am quite aware that in most works

which treat of such diseases as mentioned above, one cause of them always given is too rich living ; but I am not aware that I ever saw it given as the essential cause, and in practice it seems to be overlooked both by patient and doctor. The fear of ' letting the system run down ' seems to neutralise every other consideration.

The evil principles as to diet which prevail in this country are, I fear, at least as dominant in the colonies and across the Atlantic. I have had some experience as to both, but can only afford room for the following.

Four years ago I was crossing from New York to Glasgow. One day, on entering the smoking-room, I found a hot discussion going on as to the advantages or otherwise of tobacco. One elderly gentleman who had injured himself by its abuse was insisting that its effects were always bad, and that its use should not be allowed. I was appealed to as a medical man to decide between the

parties. This I managed to do to the apparent satisfaction of both. I pointed out that tobacco is a natural product ; that it has come to be used in all parts of the globe where it can be got ; and that this fact alone surely indicated that it must have some quality which fitted it for man's use. Though no regular smoker myself, I had often found, when anxious or worried and worn out, that a very mild cigar had soothed me, and enabled me to take a more hopeful view of what was troubling me. Of course I noticed the evils of excess, but added that every good thing is liable to abuse, and, as I always do when I have the opportunity, I spoke of the abuse of flesh food as doing perhaps more harm than all other evil habits together. This was a new doctrine to all, and we went into it pretty fully. By and by a youngish gentleman who had said nothing started up and, in a somewhat excited manner, said that I had exactly described his case ; that this was the turning-point of his life ; and that he

would at once change his mode of living. I had noticed his pallid, ‘seedy’ look, and as he sat at a table near me I could not help seeing that he regularly, after a few days’ sea-sickness, took for a little man, as he was, an enormous quantity of beef and mutton. He afterwards told me his history. He had been in his father’s business, an important one, in one of the largest Canadian cities. So long as he could take it easily, and had plenty of out-of-door exercise, especially in hunting, he enjoyed the best of health. By and by he became a partner of the firm ; he was kept much more closely to the office and could get very little exercise. Soon his health failed, and he became utterly unfit for business. Four doctors, he said, had treated him with no good result, and he was sent off for a three months’ holiday. I asked him why he took so much animal food. He said he felt so weak that he thought the more he could take the better, and he had never been warned against it. One of the medical men,

he remembered, had said he was taking more food than was good for him under his circumstances ; but he understood that the circumstances ought to be changed and not the food. My observations in the smoking-room were, in fact, a revelation to him. He at once altered his diet both in quantity and quality, and after a week, when the voyage ended, he already felt much better, and there was some slight appearance of colour in his face. I heard from him a month later, when he wrote that he was very much better ; that his strength was returning, and that he could now walk five miles with ease ; and he thanked me warmly for having ‘taught him how to live.’ He visited me before returning home, and he certainly looked a very different man. Later I had a letter from him, in which he states : ‘I am pleased to say that I am feeling splendid, and am holding fast to your method of living. In fact, I have not tasted butcher’s meat half a dozen times since my return home, which is six months ago.’

Another of the party who heard the conversation in the smoking-room—a Scotch clergyman—also adopted a different mode of living, and, as he told me, with great advantage to himself and family. To him also the doctrine was a new one. How many there must be who ‘perish for lack of knowledge!’

So much for the evils arising from abuse of food, especially of animal food; I have no doubt I will be told that all that I have here brought forward has been preached and published times without number, not only by vegetarians, homeopaths, etc., but also by members of the profession. This is no doubt true, and it is well that it is so. I am pleased to know that I am not the only black sheep in the fold; and I trust their number will increase, and that they will put themselves in evidence more and more. I have no wish to monopolise the fighting, and will be glad to pass it on to younger hands.

Much is to be hoped from the work of medi-

cal scientists, among whom there are many eminent workers and searchers after truth. I am not sure that practical medicine has as yet been much assisted by their labours. A genuine medical fact is about the most difficult fact to establish, so that it may be usefully and safely acted on. It has to deal with such complexities of chemical and physiological and vital changes within the body acting and reacting on each other, and these affected by temperament, heredity, idiosyncrasies, and external surroundings, that a final and reliable determination is always difficult and often impossible. Medicine as a fixed science does not as yet exist.

But the work of medical scientists in many different lines, if it has not as yet done much to help forward the practical treatment of disease, has at least shown the uselessness (or worse) of some medicines or methods hitherto in repute. One of the most interesting of these is seen in the recent investigations of Dr. A. Haig, which go to prove the

effects of uric acid in the blood in destroying its coloured globules, and thus inducing anaæmia, for which good 'red meat' has hitherto been considered the fittest cure. In experimenting on himself to try to ascertain the action on the blood of uric acid taken into the stomach, he took a certain quantity of beef-tea as an equivalent for a certain number of grains of the acid. He shows also that iron is useless so long as it is given with red meat, and he thus accounts for its failure in many cases. I long ago came to the same conclusions, but could not give the same scientific reason. Perhaps the most white-faced family I ever saw was one of six, in South America, who had at least two full meals daily of beef and mutton. The only exception was the baby, which was still at the breast and which was a fine rosy child. The parents were Scotch. They lived in the country, in a fine airy house, and about the last thing one would expect to see there was anaæmia in any form.

In the *British Medical Journal*, 31st March 1894, is a review of the last work on Skin Diseases by Dr. H. Tenneson of the Hôpital St. Louis, Paris. Dr. Tenneson's views on eczema are specially noticed, and they are virtually those which I have held for forty years. As to medicines in this disease, he says that several are injurious, none are useful. As to food he says: 'Many people, because they have a good appetite, think they have a good stomach; and manufacture daily in their overloaded digestive tracts toxic substances, which, after they are absorbed, excite abnormal effects both on the skin and all the other organs of the body.' His rule therefore as to food is simply restricting the quantity, particularly at the mid-day meal. His local treatment is allowing or provoking the oozing as long as possible, and he finds that the soothing ointments used owe their value solely to the lard with which they are made. I have constantly pointed out to my patients that eczema is a natural

relief to the system, as it throws out safely on the skin some of the excess of plastic matter in the blood, which it cannot dispose of in the natural way through the kidneys. The next safest exit for this material is by the mucous surface of the throat and larynx and bronchia; and the amount excreted from them in cases of chronic bronchitis, which are so common in gouty and rheumatic subjects, is sometimes very great. The phlegm coughed up is not mere watery fluid, but is more or less pure animal matter, as may be seen by putting it into spirit, when, like white of egg, it gets solid. Unfortunately both these skin and mucous exudations are treated as diseases *per se*, and are checked if possible. Surely it is better to allow the excess of material to escape from the blood in this way (if we do not cut down the excess of food which produces it) than to force the blood to relieve itself by depositing it in deeper and more important organs, as the

liver, the nerve centres, or the heart. As the product of these exudations is purely nitrogenous, I would blame excess of flesh food as their cause ; and as Dr. Tenneson says that it is the mid-day meal which specially requires reduction, and as this is in France the chief flesh meal of the day, we may be practically at one. But nature clearly throws off the excessive plastic matter from the blood clean and unchanged, and I do not see the necessity for the previous formation of toxic matters from the intestines, at least not in the cases we have been considering.

There is much, therefore, to be hoped from the progress of science. But its influence on practical medicine has been long in coming, and unfortunately hitherto one scientist has but too often only overthrown the conclusions of another. Is not this after all the ordinary way by which truth is reached ?

The evils of food excess are much aggravated if at the same time alcohol is taken, even in very moderate quantity. This follows

from what we now know from the researches of Sir B. W. Richardson. He was, I believe, the first to prove that the presence of alcohol in the body hinders all the chemical actions going on there, exactly as it stops or modifies fermentation in a barrel of wine or beer. In both it retards oxygenation, and lowers the heat. Hence its use in cases of fever, or where it is given in extreme cases when the temperature threatens to rise to a dangerous height. In cases where very little food is habitually taken, it may do little harm, as it lessens the waste of the body, and to a small extent acts as a true food. A Highlander frequently takes as much whisky as would render most persons useless, but living as he often does on a very small amount of oatmeal or potatoes and a little milk, he may do a good day's work if not too severe, and he may live to a long life. I was told by one of the first financiers in Scotland, that such a life about the age of sixty is a much better one on which to buy an annuity, than that of

a well-fed Yorkshire teetotaler of the same age. Had the drinking Highlander been also well fed, or had the well-fed Yorkshireman indulged in alcohol in any form, neither of the two was likely ever to have reached the age of sixty ; but after sixty the average life of the Highlander was appreciably longer than that of the Yorkshireman, and therefore more valuable for the financier's purpose.

What is heterodox in me was much gratified, now many years ago, by the somewhat unprofessional appearance in the *Times* of a letter from the first of our surgeons in his own line, Sir Hénry Thompson. I have not a copy of the letter, but it took a strong hold on my memory and was to the following effect. He wrote, that after a large practice for twenty years among rich and poor, he felt constrained to publish as his strong conviction, that the main cause of the terrible sufferings he had to treat was the glass or two of wine which so many of his patients had been in the habit of taking daily. This was no new idea

to me, only it told me that these very moderate drinkers were also well fed, a matter which, for the time, Sir Henry seems to have overlooked. Some years later he published an excellent book on diet. In the second volume he gave menus for dinners, which were admirably adapted to assist a weakened stomach to digest with comfort what is generally considered as a fair amount of food, and which it could not do if the food was presented to it, in a more gross, or to speak politely, in a less scientific form. But still later by some years Sir Henry published a paper in one of the monthly magazines, with almost every line of which I could cordially agree. He pointed out in a very graphic manner the evils that arise from too much food, and that it is our teeth, and later in life our artificial teeth, that cause us so much misery, and bring so many to an untimely grave. I have been very much indebted to this paper, and have often fallen back on it when put on the defensive. I wish we had

such another from one of the first-class London physicians. At one time I had hopes of it, but the eminent doctor I allude to got into *Punch* as the ‘starving physician,’ a name I have long been rather proud of. Perhaps this had nothing to do with it, but to the end of his life I have known nothing to throw any doubt on his thorough orthodoxy. A ‘starving doctor’ would not, I fear, have as yet a very long career as a fashionable and popular physician in London.

If the evils of high living are bad for the adult, they are still worse for the young, and not only from a physical but from a moral standpoint. For the growing youth until he reaches his full development a larger proportion of nitrogenous food is required, and this nature provides in milk, the most perfect food that exists, and which supplies all that is wanted for the sustenance and growth of a healthy body, flesh and bone. I have only

met with one case where the child, on leaving its mother, could not take cow's milk or any other; but I have known some and heard of others who lived on milk for years, in one case for thirty years, and enjoyed the best of health. After weaning, cereals in various forms, eggs, and soups from chickens and young animals should be, along with milk, the ordinary food for some years, when a moderate allowance of flesh from the same young animals or from fish may be added. The only error I should like to notice, in the early steps of a child's life, arises from the dislike of most to give water. A child when feverish from any cause, as a chill, teething, etc., has often a desire for fluid, which it manages easily to express in its own way. But in a vast majority of cases, according to my experience, unless this is much changed during the last fifteen years, the only drink allowed is the ordinary food, possibly in some cases somewhat more diluted. This the stomach by and by rejects, and the case from

this cause alone may get serious. An extreme case will illustrate my meaning. I was called to see a child about eighteen months to two years of age. It had been left in the charge of two elderly aunts, the parents being missionaries in India. I found the child in a very precarious condition. Nothing would remain on its stomach ; its extremities were cold and shrivelled, the stomach hot and distended. The eye had a peculiar, glistening, eager look, which at once told me it wanted something. I asked if they had given any water. Mistaking my meaning, and perhaps fearing a reprimand, they said no, but immediately added that they had given a very little, but they had boiled it first. I asked for a jug of cold water and a tumbler. I shall never forget the eagerness with which the child eyed the water, and grasped the tumbler. To the bewilderment of the aunts it drank the whole to the last drop. It all returned in a few minutes, considerably heated. Another tumbler was

given, and another and another. These were returned after somewhat lengthened periods, but the fifth remained. Already the heat of the stomach was gone, the extremities were warmer and beginning to fill up. The eager glistening look was changed into a calm placid one, the fever disappeared as if by magic, and the child was soon in a quiet and natural sleep. The cure, in fact, was complete. The aunts said it was a miracle, but I told them it was only a case of common sense. I have rarely felt such well-justified anger, and I fear I did not try to conceal it.

As this is the only occasion I will have to allude to the earliest period of life, I will shortly notice the mischief which may arise from beginning to give aperient medicine. The first milk of all animals has an aperient tendency, and this is sufficient. Sir James Simpson used to say that if nature had required anything more it would have been provided. But in my day nurses considered it as part of their duty to give castor oil very

soon after the infant was born, and in *Hints to Mothers* by first-class accoucheurs it was laid down as a rule that the bowels must be moved once a day; in one well-known little volume it was twice a day. The worst case I ever saw of a large mass collected in the bowel was in a child who got medicine daily, the result being always a liquid motion. I very rarely gave any medicine at all, and on one occasion I was very unexpectedly pulled up when I did so. An excellent nurse had come to a family I looked after from a doctor's family, where the children were dosed in the orthodox fashion. She took very badly with the new system, and the mother told me several times of the trouble she had in preventing her from doing what she honestly believed to be part of her duty. Time passed, and one day I was asked to see one of the children. To gratify the nurse, I fear, and to show her that I was not absolutely incorrigible, I said she might give a small dose of castor oil. But I had miscal-

culated the power of observation of the nurse and her common sense. She told me next morning that the child was all right, but that she had not given the oil.

The terrible evils that are seen in later life from the unnecessary use of medicine in infancy must be my excuse for giving the two cases which follow. I could give many others.

Owing to the death of the family adviser I was asked to see a girl of some ten or twelve years of age, the niece of a very old medical friend in Edinburgh. She had been treated in true orthodox fashion, but it had been found necessary to give her stronger and stronger physic, till now she was daily getting pills of the strongest kind, and such as are only used by strong men. Her health was suffering, and her education was interfered with. With very much trouble, by using milder means and fitting diet, after two years she got rid of all medicine, and a year or two later she went to school in

London. She kept quite well for three months, when influenza broke out in the school, which unfortunately she did not escape. The doctor, one of the first in London, of course began her cure with a dose of medicine. This started again the evil habit which with such difficulty she had got rid of; and after three months more she returned with her box of strong pills in much the same state as when I first saw her. I now failed to cure her. This happened fully twenty-five years ago. She has had wretched health ever since, and has tried many doctors and cures in this country and abroad. The only time that she has been in a natural condition, her uncle told me, was after an attack of typhoid fever, which she caught on the Continent. I do not blame the London physician. Every one would have done the same.

Much about the same time I saw a child of about three years of age under precisely similar circumstances, but already suffering to a much greater degree. She had to get

strong medicine every day, and she suffered tortures from its effects. I tried milder measures with no result; she was going down rapidly, and she was evidently dying. I gave up all physic, and told the nurse to use mechanical means only for her relief. She found that this was impossible; the poor thing was locally so tender that even touching her risked bringing on a fit. The only thing to be done was to leave her entirely to nature. At once she began to improve. The bowels moved naturally every twelve or fourteen days. The suffering then was great, but not more so than was the daily suffering previously, and she had time to recover in the intervals. She soon recovered her health. After some years the intervals gradually shortened, and the last time I heard of her she was natural in every way and enjoyed the best of health.

Let us return to errors in food, and first, as to their effect on the healthy and from a physical point of view.

Space will not allow me to consider the evils of too little food. In a country like ours this is frequently bad food, and got and eaten with more or less irregularity as to time. This naturally can be best studied in infirmaries and hospitals for the sick, where rest and warmth may be often helped by a moderate supply of good food, and possibly sometimes even of stimulants. But these cases of real debility from want differ prodigiously from cases we meet with elsewhere, where debility, perhaps much greater and requiring very different treatment, arises from an entirely opposite cause, viz. failure of the digestive organs, from long overwork in disposing of more food than it was possible to make a right use of. In these cases a long period of clearing out is needed before the organs can be usefully employed for again building up the system in a wholesome manner. This may be done quickly by a fever or other acute illness, which, if it does not kill the patient, very soon burns off the

offending matters, although, as we see in cases of influenza, the benefit may be lost by a foolish system of feeding and stimulating, both during and still more after the illness. If this rapid method of cure is not available, it may be reached much more slowly by failure of appetite coming on, or perhaps some of the more acute forms of dyspepsia. If these are allowed to effect their work of elimination by a more or less protracted process of starvation, all may come right. But if the lowering of the system—letting it get ‘under par’ is the favourite phrase—is looked upon as the evil, and if the object aimed at is to get the stomach to do more and better work by the help of some of the innumerable ‘remedies’ of the present day, some temporary relief may be got, but a real permanent cure, I believe, never. This, in my experience, is one, perhaps the chief, cause of those chronic illnesses which are, and very properly, considered as the opprobria of the profession.

Is it possible that the love of modern

physicians for good feeding and stimulants may have some connection with the source whence they get most or all their teaching and their experience? Teachers, the favourite ones, are often clever young men, well up in science, but who have never had any outside experience; and in England at least such youths start at once as full-blown consultants, by virtue of their degree alone. I am old-fashioned enough to think that apprenticeship under a good master is not a bad introduction to general practice, and that eminence gained as a general practitioner is a good preparation for a consulting physician. I could give some strange illustrations of this, but I forbear.

In my young days, in the Twenties and Thirties, the food of the working-man, and also of most of the upper classes, was simple and good. It consisted mostly of milk, eggs, fish, oatmeal, potatoes, and a few other vegetables. There was no baker nor butcher in the parish, and there was no doctor within

five miles, and as his fee was £1 he was rarely wanted; the clergyman was the ordinary medical adviser. On one occasion typhus fever broke out in a fishing village. There were twenty cases; only one of these could afford to get a regular doctor, and his was the only case which proved fatal. The others were, I suppose, left very much to nature. Yeast was the only 'remedy' that was given, and it got the credit of pulling them through. The sanitary state of the houses was worse than now, and croup and a peculiar local form of ague were no doubt due to a want of drainage of the fields. But with the good food which I have just mentioned there was not much general sickness. It supplied all the wants of the body in a perfect manner, and gave no great temptation to excess. By and by times changed, and white bread and flesh came into general use. Along with these luxuries came the doctor, although owing to railway facilities he is no longer located in the district. From

what I find on occasional visits I am not at all sure that the general health is improved ; indeed, I doubt it very much. One fact at least is certain that the doctor is much more required than formerly. The improved sanitary conditions alone should have led to a healthier state of the community. Is it wicked in me to suggest that perhaps the changes from the simpler to a fuller mode of living may have helped to neutralise those undoubted advantages ?

A very large element of the diet both of young and old nowadays is white bread and butcher's meat. I have often pointed out that both are very insufficient foods, especially for the growing child and youth. In the oat, which is now too costly for the poor, and which requires cooking at home, the phosphates essential for the growth of the bony skeleton pervade the whole grain. In wheat it is mostly confined to the outer skin, and as this is entirely removed for the sake of appearance, there is little or nothing in the white loaf of

bony matter. It is the same with flesh. The animal makes a perfect body from despised vegetable matter pure and simple, but the phosphates go to form the skeleton, and in the muscle, which we eat, they are conspicuous by their absence. The want is most imperfectly made up by chemical phosphates, which have come much into use in recent years, and which, no doubt, have helped the purses of the chemists who manufacture them, and of the doctor who very properly, under the circumstances, prescribes them. Had nature been allowed her way, neither chemist nor doctor would have been needed.

In youth, as I have already said, a due supply of nitrogenous food is required to build up the body, in addition to what is wanted to supply what is lost by its ordinary waste. The waste varies considerably with the amount of exercise or work. A certain amount of exercise is needed in order to keep the system in a perfect condition of health, and if less work is done than usual less food

should be taken. This, however, is a rule which is very often overlooked, although it appears so simple.

I have occasionally been consulted by gentlemen in apparent good health, but who complained of being quite 'out of sorts,' and who said they never felt really well except when hunting or shooting or taking strong exercise of some sort. On asking them, they told me they went on taking the same amount of food whether they were active or idle; and on more close inquiry I found their diet was a very full one at all times. They, of course, most of them, took medicine, but they did not find that sufficient. It had not occurred to them to reduce their diet, and they wanted some prescription to help them. I always pointed out the risks they were running, and simply recommended a more rational diet. To assist them I advised them to take their food more slowly, and assured them that they would find that less would satisfy them;

and this if carried out will often enable a man to reduce his food by one-half, and will add very much to his comfort and health.

I have frequently had Mr. Brassey's experience cast up to me. He got excellent work from his English navvies ; but on extending his contracts to the Continent, he found that the poorly-fed natives could not do the same work till he got them to use the same food. This was triumphantly put to me as a sure proof that a man is a better man when he is well-fed. 'Undoubtedly,' I replied ; 'the man is a better man for Mr. Brassey, but what about the man himself? A navvy is worn out by the time he is forty, and a navvy at forty-five is scarcely known.' This fact I had full forty years ago from a Dunfermline doctor, a large part of whose practice was among navvies. This was an argument new to my opponents, but it was always sufficient.

In more advanced life, and in old age, a simple and restricted diet is even more

necessary than before. The natural loss of teeth gives a good hint that the more solid articles of food should be withdrawn. Artificial teeth are of obvious use in other ways, but it is here that Sir H. Thompson's saying about the grave being dug by the teeth mainly comes in. The digestive organs get weak with the rest of the body, and the comparative rest which age entails lessens the demand for food, both for the production of motive and other force, and for replacing the waste of the body ; and the heat of the body can be partly kept up by external warmth. Stimulants do even more mischief than formerly. It is a common remark that cold weather kills old people, and it is a true one. But I was far more afraid of this when the friends insisted on giving the old a regular allowance of wine, in the belief that this would help to keep them alive. The fallacy of this is apparent. The glass of wine may give a fillip for the moment, but it only lasts at the most for half an hour. No fact has

been better proved than this. To be of any use it should therefore be repeated twice every hour. This is of course absurd. After the little excitement is over there is naturally a slight reaction, and this is the time, when the system is really 'below par,' that the cold produces its fatal action.

But, apart from cold, there is a very common idea—and this is shared in by the profession—that old people who may have taken no stimulant hitherto require it, or, at least, are better for it as they get old and frail. There can be no greater mistake. I always recommended my elderly friends, even those who had been accustomed to take alcohol in some form all their days, to stop it, whether at once or gradually it did not much matter, and I have never seen any harm result. On the contrary, the effect has been always good and has been acknowledged to be so both by the patient and by friends. The desire, if any, soon passes off, as does that, sooner or later,

which has been brought on by any other bad habit.

I have seen such undoubted prolongation of life, both in middle and in what is usually held as old age, by changing to a simpler mode of living from one very much the reverse, that I came to the conclusion that with fairplay from the commencement the ordinary life of man should reach one hundred years. This would only apply to those born with a sound constitution. From the errors of our parents, and perhaps of theirs, many are born into the world under very unfavourable circumstances, and it might require proper living for some generations to restore a family to a natural condition of health. To expect that this may ever happen is, I fear, quite Utopian; and nature usually cuts the knot in a more speedy fashion by extinguishing the family altogether. I was pleased to notice recently that Sir B. W. Richardson, working on other lines, viz. by comparing the period of full development of animals

with their average length of life, and this with the same data in man, has come to the conclusion that the natural life of man is one hundred and five years. If this be true there must be a terrible fault somewhere, as the estimate exceeds the reality by more than one-half. Instinct seems to do for animals what reason, assisted (or hindered?) by the resources of civilisation, does not do for man. There is no proof that in the early ages of mankind life was longer than now, or that it is so now among tribes living in a state of nature. If life is to be prolonged, therefore, man must work out his own salvation, and perhaps it is true here also that perfection cometh through suffering.

In my more orthodox days I used to point out that our antediluvian ancestors who lived such long lives were vegetarians. I also pointed out as a proof that animal diet gives a desire for strong drink, that the first thing we read of Noah, after permission was given to eat flesh, was that he was drunk. The

critics have deprived me of these arguments.

CONCLUSION

On the subject of the moral effects of high living, especially on the young, I do not enter; it does not come within the scope of this work. But it is notorious that the morals of the country have not improved during the last half-century; and this may be taken along with the Scriptural statement that ‘Strong meat belongeth to them that are of full age.’ To keep to the physical side of the question, we have also Paul’s apt and terse statement: ‘They that strive for the mastery are temperate in all things.’ A very old friend, well known as the best shot of his day, gave me the credit of his son being the first champion of England. This was from my having got him, at any rate when shooting, to carry out this ‘temperance in all things.’ Two other volunteer friends, who were fortunate in competitions, also

ascribed their success to their having followed my recommendations. This was long ago; but I am told that it is now well known that high living is fatal to good shooting.

In the pleas I have advanced for a simple life so far as food is concerned I have purposely abstained from giving any fixed rules. Much must be left to oneself, or to those in authority. A long experience bears me out in this. A mistake made and felt tells more than any argument. In some cases strict rules must be given by a medical adviser when he knows that a general rule will not be attended to. But, on the whole, they are better omitted, especially in cases of disease, when the state of the patient may vary from hour to hour. What I would mainly urge is that, when any amount of food can be had, the risk of taking too much is much greater than the risk of taking too little. If this were only known and acted on the change would be very great and very

salutary. Another simple rule is to eat slowly. This acts beneficially in two ways. It mixes the food better with the saliva, thus promoting digestion; and it satiates the appetite sooner, so that less food is taken.

Less food should be taken or none at all when one is worried or anxious, or when engaged in any severe mental work. There is in these conditions little or no nervous energy to spare for the stomach. I came long ago in the course of reading on three celebrated men who, when engaged in working out some great problem in science or war, took actually no food till the strain was over. They were Sir Isaac Newton, Napoleon, and the Duke of Wellington. The latter was always a careful eater. The late General Crockett, who was with him in the Peninsula, told me that, often when a long menu was presented to him, he would run his finger down it till he came to the pudding, which he would order and dine

upon. In a recent American work on Edison, I find that he follows the same rule as the other great men, and sometimes enforces it on his assistants by locking them with himself into a room or workshop till the job (some difficult one) is completed. I had the pleasure once in Edinburgh of dining with the late Sir Erskine May. Our host was an English clergyman pretty far gone in phthisis, whom I had difficulty in getting to reduce the full diet which he had been ordered in the South. Sir Erskine had just finished a long session in the House of Commons, where he was perhaps the busiest man. He seemed to be in the best of health, and he looked more like a healthy English farmer than an over-worked clerk of Parliament. I could not help asking him how he kept his health so well with such an amount of anxious work, and with such long hours. He told me that his rule was, while the House was sitting, to take a chop in the middle of the day, and only a cup of tea at night. He

added that Lord Palmerston followed the same plan, though on an occasion he could enjoy a very full dinner. Our host stared, and I had less difficulty with him as to food afterwards; the plain narration had more influence than a thousand arguments.

If, when in good health, we took only the food necessary for our comfort and for our work and no more, instead of working the stomach to the utmost, and helping it when it flags by dainties, as well as by drugs and stimulants, we would have much more pleasure from our meals, and a much longer continuance of strength and health. We would also escape many of the ills that life is said to be heir to; or, should some disease perchance come upon us, if we could eliminate from the old system of cure a large amount of the depletion, and from the new a still larger amount of the feeding and physicking, we would come nearer to nature's mode of preventing and curing diseases; we would find that prevention would be far the larger

element of the two, and that the need for the other would be wellnigh extinguished.

But the physician need not as yet have much fear for his craft. The Archbishop of Cambrai put into the mouth of his wise Nestor that the time will surely come when we will be ashamed to be sick, the causes being our own indiscretions and ignorance. That was two hundred years ago, and as yet there is no sign of the prophecy being nearer its fulfilment. Changes for good come very slowly, and with much back falling and opposition. The way to life is narrow, the other way is broad; and few walk in the one, and many in the other. Whatever our beliefs regarding a future life, we might be more careful of the present which we most certainly possess, and more readily adopt the simpler ways which lead to its being both longer and happier; we might seek truth and follow after righteousness for their own sake, and with no thought of reward, and no fear of punishment; and lastly, we

might use the increased means which the simpler life would afford us to show a more helpful sympathy with the fallen, who, often from no fault of their own, but from their birth and surroundings, are doomed to a life of degradation, misery, vice, and crime.

I offer no apology for the free use I have made of the personal pronoun in these pages. Had I not done this, I could not have said what I wished to say ; and so I will take for my ‘finis’ the hopeful motto of my family, of which I have for fifteen years been the oldest member—

‘VERITAS VINCIT.’

THE END

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